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te r	STATE OF MARYLAND—	CERTIFICATE OF DEATH
state	1. PLACE OF DEATH	12017
73	County & Cashaughou	Registration Dist. No. 3 d 3
5 6	Village or City to Leaps horning	No. St., Ward
= 0	Length of residence in city or town where death occurredyrs	death occurred in a horpital or institution, give its NAME instead of street and number)
RD. Every YSICIANS statement	Us 1/2 1	1
ICI.	2. FULL NAME FILL 13 and	Xuc;
Intel 7	(a) Residence: No. (Usualplace of abode)	St., Ward. If nonresident give city or town and State
RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
FX	3. SEX 4. COLOR OR RACE OR DIVORCED (white the word)	21. DATE OF DEATH
NEN C T I	5a. If married, widowed, or divorced	(Month) (Day) (Year)
A A S	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	6. DATE OF BIRTH (month, day, and year) APP 13 46 1933	I last saw h Least alive on Dele 1 3 1 1933 death is said
PE d E	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
IS A PE stated E properly certificate	May /2 - hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:
70	8 Trade profession or particular	Date of one et
HIS be be c of	SAWYER, BDDKKEEPER, etc. 9. Industry or business in which	
K-T hould may back	kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Congenital debility, according to the
sh it	U 10. Date deceased last worked at this occupation (month end spent in this	Pristory, Ceology
	year) occupation	Other Centributary Causes of Importance:
Se t se ctio	12. BIRTHPLACE (city or town)	Other Committee of Importance.
NFADING pplied. AGI erms, so tha instructions	(State or country) Marshring Ma	
UNFA supplied n terms, ee instru	13. NAME City of town)	
H .= 70	14. BIRTHPLACE (city or town) (State or country)	Name of operation
WITH efully in pla	IS MAIDEN NAME Jortrude Timeon	What test confirmed diagnosis? Was there an autopsy?
- 60	IS DISTURDING (ALL MANA)	23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
AINLY, d be ca DEATH y import	16. BIRTHPLACE (city or town)	Where did injury occur?
	17. INFORMANT Lating ton Baruhar	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E PLA should OF D	(Address) to leass free y	•
	18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
-WRITE mation s CAUSE FION is	Dete. 11.19.130	Nature of injury
-WRIT mation CAUS TION	19. UNDERTAKER TALANDU DARNING	24. Was disease or injury in any way related to occupation of deceased?
B.	(Address) To teassfuring Int	If so, specify
z (T)	20. FILED De 4, 19.33 4 USMILLS CLY Registre.	(Signed) (Address) Community (Address) Community (Address)
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injurics. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STA'	TEMENTS BY	PHYSICIAN
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AGE should be

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CAUSE OF DEATH in plain terms, so that it may

TION is very important.

B.-WRITE PL.

See instructions on back of certificate.

PHYSICIANS should state

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	12010
County Thashing ton	Registration Dist. No. 305
Village or City Books	No. St Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Reginald Manch	a Beauchamp
(a) Residence: No. 18 amstra Md:	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
Male White OR DIVORCED (write the word)	21. DATE OF DEATH Leculest // ", 193 3 (Month) (Day) (Year)
59. If married, widowed or divorced HUSBAND of (or) WIFE of (0.0) (0.0)	22. HEREBY CERTIFY, That 1 attended deceased from
Mellie Deanchamp	ned 12 1933 to DEC 1/1 1933
6. DATE OF BIRTH (month, day, and year) December 23 - 1882	Hast saw hall alive on Ale 1/5, 1933; death is seid
7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, at 12. Rosme.
5 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	D. A. H. Y
9. Industry or business in which work was done, as SILK MILL	The state of the s
SAW MILL, BANK, etc.	<i>y</i>
10. Date deceased last worked et this occupation (month and year) 1. Tota (time (years) sprint in this occupation 8.420	
12. BIRTHPLACE (city or town). At illabore	Other Contributory Canses of Importance:
(State or country) Caroline Co. Md.	
13. NAME Jere Blanchamb	
14. BIRTHPLACE (city or town) 74 llslong	Namo of operation
(State or country) Caroline Co. Mid.	Whet test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Connette yook	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
n. 7.10: 12	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT AND Nelle Deauch amb	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Danston Quetay Date / LC. 14, 19.23	Nature of injury
19. UNDERTAKER () JOSH + Soy	24. Was disease or injury in any way related to occupation of deceased?
(Address) Bronslys Md.	If so, specify
20. FILED Dec. 141, 19.33 () lean 1) (aa)	(Signed) / What M. D.
Registrat.	(vortiess) - 1 of profits /

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of cpilepsy	1 weck ago	
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	0.011.13	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

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STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(92.0)
County a ashington	Registration Dist. No.
Village or City Leagues town	No. 2208 Cart. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME & dager F. B.	cellenfacesh
(a) Residence: No. 2 2 6 F Fa: Cun (Usual place of abode)	81., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH / 2 - 56 - 193 3
- weaver	(Month) (Day) (Year)
a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, and year) Wor 26 AF61	I last saw have alive on 1953; death is said
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1/130 m.
7 2 / O lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Pet La Lesunau SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oata deceased last worked at III. Total time (years)	acute delatation of
9. Industry or business in which work was done, as SILK MILL, Cecueut Co SAW MILL, BANK, etc.	Hegate
10. Oate deceased last worked at	Ch rom'C rudo Caude tos
this occupation (month and / 36 spent in this occupation south	Comme Reyo Carditis.
BIRTHPLACE (city or town) Wash Co	Other Contributory Causes of importance:
(State or country)	
13. NAME Seo. W. Sect Centary	
14. BIRTHPLACE (city or town) Wash les	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Mary a. Kline	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Mary a. Muse 16. BIRTHPLACE (city or town) wash co	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT. USANTHE Deches Laugh	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÜBLIC PLACE.
8, BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place La gentloure Date 1920	Nature of Injury.
19. UNDERTAKER Constitutes Tous	24. Was disease or injury in any way related to occupation of deceased?
(Address) Degerotom und	If so, specify (Signed) 1: To Duelle 1. M.D.
20, FILED 1930 1910 Registrar.	(Address) DR. VICTOR D. MILLER
Acg.mar.	£ 10.5 2.5 4.5 4.5 4.5 4.5 4.5 4.5 4.5 4.5 4.5 4

CTATE OF MADY AND CEDTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.ON. ST. HAGERSTOWN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewifely in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative." etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
TORRAG V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	x		
	Epited.		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PI	II I SICIAN

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

See instructions on back of certificate.

TION is very important.

PHYSICIANS should state

of OCCUPA-

Exact statement

STATE OF MARTLAND	CERTIFICATE OF DEATH	4041
1. PLACE OF DEATH	48)	
County Washington	Registration Dist. No. 3	05
Village or City Mapleialle	NoSt.,	Ward
Length of residence in city or town where death occurred Lifers	death occurred in a hospital or institution, give its NAME instead of street and	number)
2. FULL NAME Edith may	of the	
(a) Residence: No. Maplianille md.	St Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 800. 7	3
Jemse White Married	(Month) (Day)	(Yeer)
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of Genel Cl. Betts	HEREBY CERTIFY. That I attanded	deceased from
6. DATE OF BIRTH (month, day, and year) Thou - 1883	I have some has allowed the service of the service	, 19
7. AGE Years Months Gays If LESS than	to heve occurred on the date stated above, at	; death is said
I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		
9. Industry or business in which	Can linema dulla.	1004
SAW MILL, BANK, etc	and policie	1431
yaar) 1923 Occupation 30 yrs	Othar Coutributory Causes of importance:	
12. BIRTHPLACE (city or town) Wolfswill		
(State or country) And Co. Md.		
13. NAME and Clitmer 14. BIRTHPLACE (city or town). Welfaulle		
4 14. BIRTHPLACE (city or town) - Wolfsville	Name of operation Date of	
(State or country) Tred. 1 Co. Md.	What test confirmed diagnosis? Was there an a	u'opsy?
15. MAIOEN NAME Sydia Daulders 16. BIRTHPLACE (city or town) Beaver Creek	23. If death was due to external causes (VIOLENCE) fill in also the following	
5 16. BIRTHPLACE (city or town) . The aver Creek	Accident, suicide, or homicida? Data of Injury	, 19
(State or country) Wash, Co. md.	Where did injury occur?	
17. INFORMANT Deorge (1) Detto	(Specify city or town, county and State Specify whather injury occurred in INOUSTRY, In HOME, or in PUBLIC PLA	ACE.
(Address) Masseville md.		
Talenamia A	Manner of Injury	
Place July Date All July	Natura of injury	
19. UNDERTAKER WAY Jast Jay	24. Was diseasa or injury In any way related to occupation of deceased?	160
(Address) Boonstro Md.	If so, specify follows	
20. FILEO Dec. 9. , 1933 Ullian Das	(Signed)	M. D,
Registrar.	(Address)	

STATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	97)
county Washington	Registration Dist. No. 302
Village or City Hage Y STOWN	No. Ho ED orth St., # Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
1 7	sds How long in U.S. if of foreign birth?yrsmosds.
0 1 2	ham
(a) Residence: No. 46 E Dorth (Usual place of abode)	St., 4 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) V/h. Ye V & Ow -	21. DATE OF DEATH Dec 21 1933
5a. If marriad, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Orias .W. Brighen	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sel + 24- 1840	I last saw h er alive on Dee 3/ 19 3 3 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3 30 m
93 2 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
kind of work done, as SPINNER, HOUS COULY & SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this occupation (month	arlero Sileson
work was dona, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at 11. Total tima (years)	
o this occupation (month and 2 spentin this year) 1107 1120 2 occupation 5 04 KS	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Tylencastle	Other Continuous Causes of Importance.
(State or country) Pa	hone
# 13. NAME Davied Miller	
13. NAME Daviel Miller 14. BIRTHPLACE (city or town) Vay 25 box 2 (State or country)	Name of operation
	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME : 3 abeth Weisler [6. BIRTHPLACE (city or town) - V. V. a. y. n.es. bura	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
S (State or country)	Where did Injury occur?
17. INFORMANT MYS VV alke V Summers. (Address) + 0-0 RV Stawn md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 2 1/2 vs burg mil Data Occ 23 1933	
19. UNDERTAKER FF. K. COxxman	Nature of Injury 24. Was diseasa or injury In any way related to occupation of deceased?
(Address) Hagierstown mo	If so, specify
20. FILED / 2- 22-, 1933 6 test Bours.	(Signed) A gers found Broke

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5,1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

1	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECAID. Every them of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. RGIN RESERVED B.—WRITE PLAINLY, WITH

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	12020
County Washington	Registration Dist. No. 302
Village or City Hough town	No. 6 2 7 Wash Br / War
2.57	f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosdeath
2. FULL NAME John Brone	
(a) Residence: No. 627 Wash ave	St. / Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 12 - 28 193 (Year) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thanks Thanks	22. HEREBY CERTIFY, That I attended deceased from 1933 to 12/28 193
1 1/11/843	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h alive on 1995; death is sai
(a) // // 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
O Trade colorina continuo	were as follows: Dete of onse
8. Trade, profession, or particular kind of work done, as SPINNER, Retented	Charic Medical
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILLOUND LANDER SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and specific property).	- AN PROCESSION CONTRACTOR
SAW MILL, BANK, etc.	-
10. Date deceased last worked at this occupation (month and year) sport in this year)	
71	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or couptry)	-
E Carrett Sign	Name of operation. Date of
[State or country]	What test confirmed diagnosis? ———————————————————————————————————
15. MAIDEN NAME A LARGE Carrante	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homloide?
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
Men lotuil R de 1110	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) 6 a 1 a ash are	Specify anether injury occurred in the ostat, in nome, or in total of Ends.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Thaysistame Date 130,93.	Nature of Injury.
to det offers	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, spacify
12-28- 22 1-4- LH 3- AR	(Signed) I for Duille 1 M.
20. FILED 1922 10 10 10 10 10 10 10 10 10 10 10 10 10	(Address) 131-W WASHINGTON
Acgistat.	13) W. WADDINGTON, OF

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. INSTOWN, MD.

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Example I	der-see	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

1	. PLACE OF DEATH			93-7	12924
	County Washington			Registration Dist. No	.307
	Village or City & Down	sville	2	NoNo	St Ward
	Length of residence in city or town where death	occurred Sio	(I	death occurred in a horpital or institution, give its NAME insteadds. How long in U.S. if of foreign birth?yr:	ol street and number)
		O.T.	2	+ 0	
1	FULL NAME Mary		9	deles	
	(a) Residence: No.	(Usual place of		. St., Ward. If nonresident give city	or town and State
_	PERSONAL AND STATISTICA	L PARTIC	ULARS	MEDICAL CERTIFICATE OF D	EATH
3. :			(write the word)	21. DATE OF DEATH ALELEU LA //	16, 193 3.
5a.	If married, widowed, or divorced HUSBAND of		7		
	(or) WIFE of Sungle	3		22. I HEREBY CERTIFY. That	!!
6.1	DATE OF BIRTH (month, day, and year)		1-1856	riest saw h. s.t. elive on	1933 : death is said
-	GE Years Months	Days	If LESS than	to have occurred on the date stated above, et 7 . m.	, 15-4-2; death is said
	77 1	10	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Impo	ortance
z	8. Trade, profession, or particular kind of work done, as SPINNER,			weig as follows.	Data of anset
15	SAWYER, BOOKKEEPER, etc.	non	L	Chronic Myocardete	u. 1931.
UPA	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	-			
OCCUPATION	10. Date deceased lest worked et this occupation (month and year)	11. Total tim spant occupa	e (years) in this		
12.	BIRTHPLACE (city or town) Brown	swille)	Other Contributary Causes of importance:	
~ 1	(State or country) Chash	Co. n	10,	asterio Helevous	1931
FATHER	13. NAME Barton	Dotele	7		
FAI	14. BIRTHPLACE (city or town) (State or country)	mount	le	Name of operation	- Date of
2	15. MAIDEN NAME MARKE	<u></u>	vna,	What test confirmed diagnosis? Wa	
MOTHER	2	4 00	wrote	23. If deeth was due to external causes (VIOL ENCE) fill in elso t	
8	16. BIRTHPLACE (city or town)	unieur	md.	Accident, suicide, or homicide? Date of in	ury, 19
17.	NFORMANT Mable H	estelje	us	(Specify city or town, cou Specify whether injury occurred in INDUSTRY, in HOME, or in	nty and State) PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	abily	rng	Manner of Injury	
	Place Maghiolia Cemetary De	ate. Dese	13, 1933	Nature of injury	
19	UNDERTAKER Dry Bast	8-50	4	24. Was disease or injury In any wey related to occupation of de	present? Mal
	(Address) Boole	7	nd.	If so, specify	www.cutJ.JC.M
20	FILED DEC 13th 1933 Comel	Pino Sta	Britts	(Signed) Thyler Made	M. D.
-0.		Deput	Registrar.	(Address) Rocuplears.	nd

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Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RESORD. Every item of infor-TION is very important. See instructions on back of certificate. V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH,	7
County Washington	Registration Dist. No. 300
Village or City Daragan	No St Ward
(II)	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsds.
8 101 11 12	owers. In.
The state of the s	
(a) Residence: No. Land (Usual place of abode)	St., // Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE North or DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH Well 25 193 8 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Since to	22 CHEREBY CERTIFY, That I attended deceased from
Sent 99 1939	I last saw h and alive on All 25 1935; death is sald
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 13 fg.m.
1 2 25 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, hone	measly 12-78.
9. Industry or business in which work wes done, es SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and	
this occupation (month and spent in this year)	
	Other Contributory Carries of importance:
12. BIRTHPLACE (city or town) (State er country)	The Kent of the
13. NAME SAMUEL H. Prowers.	
14. BIRTHPLACE (city or town) 1000 000 900	Name of operation Date of
(State or country) Daggan Ma.	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME WILL BY Show. 16. BIRTHPLACE (city or town) 16. State or country. (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
S (State or country) Wy Way A JOON MA	Where did injury occur? (Specify city or town, county and State)
17. INFORMANTIA VIIIA CO. BOTHERS	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL MASS	Manner of Injury
Place Dampershaning Date 1980 3. 1. 1930	Nature of Injury
19. UNDERTAKER 14 L. Cachles.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Bolwar W.Va.	If so, specify A Aff
20. FILED 756 19 Eegl Deagne	(Signed) Natur & M. D.
Registrar.	(Address) Sharyesway
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	infor-	state	UPA-	
1	Jo m	plnou	OCC	
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1	RD. Every	YSICIANS	statement	
j	r RECO	Y. PH	Exact	
	RMANEN	XACTL	classified.	,
	IS A PE	stated E	properly	certificate
	HIS	be	be	of
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
	H UNFADI	y supplied.	ain terms, so	See instruct
	Y, WIT	arefully	H in pl	rtant.
)	LAINL	ald be c	DEAT	ry impo
	d E	shot	OF	y ve
	STT1	ion	SE	Si Z
	-WI	mat	CAL	TIO

N. B.—WRITE PLAIN

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH 12526
1. PLACE OF DEATH .	
County Mashington.	Registration Dist. No. 3 o 3
Village or City Clearsping.	
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidance in city or town whare death occurredmos.	ds. How long in U.S. iI oI foraign birth?yrsmosds.
2. FULL NAME / andolph Page 1	oyd,
(a) Residence: No. Charaman	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrightha word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. II married, widowad, or divorcad	
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decaasad from
	1933, to See 5 - , 1933
6. DATE OF BIRTH (month, day, and year) $3-24-32$	I last saw have alive on OCC, US., 1938; death is seid
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated abova, at 320 P.m.
/ /0 // ormin.	Tha PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Trada, profassion, or particular kind of work dona as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona as SILK MILL, SAW MILL, BANK, etc. 10. Date decaased last worked at this occupation (month and the company of the parant in this company of the company of the parant in this company of the parant in the parant in this company of the parant in	andridece de l'alle
9. Industry or business in which	
work was dona, as SILK MILL, SAW MILL, BANK, etc.	
10. Date decaased last worked at this occupation (month and yaar)	
Occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Clary	(Diwellions
(Stata or country) Mayland.	La company of the com
13. NAME Mank III. Boyd.	
13. NAME Hank M. Boyd. 14. BIRTHPLACE (city or town). Cleanspring	Nama of operation Data of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Cleanspring	23. If death was dua to extarnal causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town). Clearaparing	Accident, suicide, or homicida?
E (Stata or country) Md	Where did injury occur?
17. INFORMANT (1) Sebert, (Address) Clauspine Mg.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OB REMOVAL	Manner of injury
Place It Paul Cens. Data 12-7-1933	Nature of Injury
19. UNDERTAKER Shighard of Comas (Addiess)	24. Was disease or Injury In any way related to occupation of decaased?
20. FILED Dec 6, 19. 33 July Millian Registry.	(Signad) Traffau C. lery M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. N. 1.

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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should state of OCCUPA-

PHYSICIANS

stated EXACTLY.

certificate.

of

See instructions on back

TION is very important.

be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

AGE should be

Exact statement

item of infor-

B.—WRITE

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12527
1. PLACE OF DEATH	(13)
County Was king ly	Registration Dist No. 30 2
Village or City Nag enslowed	No H 27 M Ary attract & S West
Village or City V 4 Caracas (If	death occurred in a hospital of institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Unnie 6 linton	
(a) Residence: No. 432 M. Franklers (Usual place of abode)	St., Sward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Williams	21. DATE OF DEATH 26 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Cor) WIFE of Wartin L. Clenton	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jan. 10, 1889	1 last saw h. 0 am alive on 12-26 ,1933; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at 10 45 2 m.
7 // // // lady,min.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	4,
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and specific property).	(1). Myria
SAW MILL, BANK, etc	2) 6 hr sty kylusyl
D Date deceased last worked at II. Total time (years)	Cardio Renail Carrelar (by
o this occupation (month and spant In this occupation occupation	assase
12. BIRTHPLACE (city or town) Dearly Source (State or country)	Dthar Contributory Canses of importance:
13. NAME Atophon Spense	
I	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
E Shouldhis Year	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) The Control of the	Accident, suicide, or homicide?
17. INFORMANT MOUNTAIN TO CLISTON, (Address) (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Tuglisfamu Date Lecuza, 1910	Natura of injury
19. UNDERTAKER (Address)	24. Was disease or injury In any way related to occupation of deceased? 20
12 20 years with way.	11 30, specify

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	di a di a	Example II	-11
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		4	
Other contributory eauses of importance:		Other contributory causes of importance:	- 61
Gallstones	May 1,1923	Gastroenteritis	1 year

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1	

V. S. No. 1

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of OCCUPA-

S	TATE O	F MARY	/LAND-	CERTIFICATI
1. PLACE OF DEA	TH			(63)
County Wa	shington		A-p	
Village or CityI	lagerstow	m		No. 428 Mitc
Length of residence in	city or town where de	eth occurred O	yrs 1 mos	death occurred in a horpital or in
2. FULL NAME	Consta	nce Cro	use.	
(a) Residence: No.	428 Mitc	hell Av	enue	St., Ward.
PERSONAL AI	ND STATISTIC	CAL PARTIC	CULARS	MEDICAL
	or or race	5. SINGLE, MARR OR DIVORCED Singl	(write the word)	21. DATE OF DEAT
5a. If merried, widowed, or div HUSBAND of	orced			
(or) WIFE of				22. HERE
6. DATE OF BIRTH (month, da	ay, end year) No	v. 4, 1	.933.	I last saw h 3 alive on
7. AGE Years	Months	Days	If LESS than	to have occurred on the date
0	1 1	14	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF I were as follows:
8. Trade, profession, or I kind of work done SAWYER, BDDKKE I Mustry or business I work was done, as SAW MILL, BANK, I D. Date deceased last work this generation (m.)	, as SPINNER, EPER, etc	nfant C	hild	hickers
10. Date deceased last wo this occupation (moyear)	orked at	11. Total tim spant occup	ne (years) in this ation	
12. BIRTHPLACE (city or town (State or country)	Hagerst	own,		Dther Contributory Causes of
13. NAME	odrow Cr	puse		maln
13. NAME TO COME THE SECOND SE			t y	Name of operation
15. MAIDEN NAME Ma	rie Osbo	rne		23. If death was due to externa
15. MAIDEN NAME MS 16. BIRTHPLACE (city or t (State or country)	own) Hager Md	stown,	************	Accident, suicide, or homicide Where did injury occur?
17. INFORMANT WOOD (Address) Hage	lrow Crou			Specify whether injury occurr
18. BURIAL, CREMATION, OR Place Hagers 1	REMOVAL		20 ,19 33	Manner of Injury
	l W. Krai	ss,		24. Was disease or injury In el
	1933 6K	4/130	dera!	(Signed)

12528

No. 428 Mitchell &7 f death occurred in a horpital or institution, give its	ration Dist. No. 30 % Venue St., 5 Ward NAME instead of street and number) rth? yrs. mos. ds.
St., Ward.	resident give city or town and State
MEDICAL CERTIFIC	CATE OF DEATH
21. DATE OF DEATH	
	(Day) (Year)
1 last saw h 2 alive on Pec.	TIFY That I attended deceased from to 1932
to have occurred on the date stated above, at-	/ JOD ; death is said
The PRINCIPAL CAUSE OF DEATH and relate	
were as follows:	Date of onset
Ricketse	
Wagers	
Other Coutributory Causes of importance:	
Maluntinho	
7-44-5-4-1	
Name of acception	
Name of operation	
What test confirmed diagnosis?	
23. If death was due to external causes (VIOLE)	
Accident, suicide, or homicide?	Date of injury, 19
Where did injury occur? (Specify Specify whether injury occurred in INDUSTRY	city or town, county and State)
Specify whether injury occurred in INDUSTRY	, In HDME, or in PUBLIC PLACE.
Manner of Injury	
Neture of Injury	
24. Was disease or injury in eny way related to	occupation of deceased?
If so, specify	1.11
If so, specify	Bellina M.D.

OF DEATH

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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ĺ	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEAT

BINDING

ARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

ADDITIONAL SPACE FOR EUTHER STATEMENTS BY PHYSICIAN & Suling of Processing of Stands o

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	.36 21
County Wash	Registration Dist. No. 734
· Village or City Mean Cascade (16	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city optown where death occurredyrs,mos.	
2. FULL NAME Sufant Deveas	
10	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (Grice tha word)	(Month) (Day) (Yaar)
5a, If marriad, widowad, or divorcad	
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY That I attended deceased from 1933, to 100, 1933
6. DATE OF BIRTH (month, day, and year) Lec. 10-1933	Hast saw her aliva on Dec 10 1933; daath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6 m.
1 day, 4 hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8 Trade profession or particular	ware es follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass In which work was dona, es SILK MILL, SAW MILL, BANK, atc. 10. Date daceased last worked et this occupation (month and	Vremature birth
9. Industry or businass In which work was dona, es SILK MILL,	
SAW MILL, BANK, atc.	(about 7 min presuguent
- 1 this occupation (month and	
year) occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Mean Cascale	
(State or country)	
13. NAME UM a. Deveas	
14. BIRTHPLACE (city or town) Knthewille,	Name of operation Data of
(State of County)	What test confirmed diagnosis? Was there an eutopsy? Wo
15. MAIDEN NAME Kuldred 19 30000	23. If death was dua to external causas (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Mr. Carcalle (State or country)	Accidant, suicida, or homicide? Date of injury, 19
E (State or country)	Where did injury occur?
17. INFORMANT Um a. Deveas	(Specify city or town, county and State) Spacify whathar injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Lutherville, Eus.	
18. BURIAL, CREMATION, OR-REMOVAL	Manner of injury
Place I Telfell Date Dec 11, 1933	Nature of injury
19. UNDERTAKER MA. Energention	24. Was disease or injury in any way ralated to occupation of dacaasad? Aug.
(Addrass) and I therengent, med	If so, specify
20. FILED 12-18-1933 Co Kraft Bours	(Signed) Level Dans M.D.
Registrar.	(Addrass) Blue Ridge Summeh, la,
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		GBVISOSA	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	2531
1. PLACE OF DEATH	- GD A	2001
county Washing Ton	Registration Dist. No. 34	2
Village or City Hagely Stown	Not 14 Dummit IT ve, st,	2 Ward
V	death occurred in a hospital or institution, give its NAME instead of street and the street and	
	lqin	
(a) Residence: No. 914 Summit	Huse, 2 Ward.	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town as	nd State
	MEDICAL CERTIFICATE OF DEATH	
Female YVhite Married (write the word)	21. DATE OF DEATH (Month) (Day)	193 ³ (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of SOSEN. Elain.	Dec. 5, 1933 to Dec. 21	d deceased from
6. DATE OF BIRTH (month, day, and year)) And 9 19- 1857		death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 100 m.	, death 15 5aid
7/ 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance	
2 Trade profession or particular	were es follows: Pactralio	Date of onset
	Cheour negocadation	Jun 1931
kind of work done, as SPINNER, HOU Securite 8. Hold Service 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and		
1D. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 40475.		
10/2	Dther Coutributory Causes of Importance	1021
12. BIRTHPLACE (city or town) VVLVEX TON (State or country)	- Carrier and and	-1/2/-
I I3. NAME JESSE MOOVE		
13. NAME J. Jesse Moore 14. BIRTHPLACE (city or town) L. R. S. DUYY	Name of operation now Date of	200
(State or country)	What test confirmed diagnosis? Salake. Was there ar	au'opsy?
15. MAIDEN NAME Vivaina Boetler 16. BIRTHPLACE (city or town) 18. 18. 18. 18. 18. 18. 18. 18. 18. 18.	23. If death was due to external causes (VIDLENCE) fill in elso the followi	ng:
0 16. BIRTHPLACE (city or town) Les burg	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	Where did Injury occur?	ata)
17. INFORMANT JOSEPH Flain. (Address) Hagerstown, md	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	PLACE.
18. BURIAL, CREMATION, OR REMOVAL TOO	Manner of injury	
Place + agevstown Date Oee 2 4,1933	Nature of injury	
19. UNDERTAKER H. M. COYY Man	24. Was disease or injury in any way related to occupation of deceased?	No
20. FILED / 2-22-1933 6 Mith Bowers, Registrar,	(Signed) Wigtovar offoges (Address) Arealoud, mayle	M. D.
If more blanks are needed, address State Resistrar.	2411 N. Charles Street Baltiman Requestion 7) S. No.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	5	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastrocnteritis	1 year		

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 12532
1. PLACE OF DEATH	(31)
County Washington	Registration Dist. No. 362
Village or City Laguatown	No 30 Mayorde St. 4 Ward
Length of residence in city or town where death occurred 51 yrs. mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
p/1 / 1 7 7 //	
2. FULL NAME Elizabeth at Feld	man
(a) Residence: No. 30 What are (Usual place of abode)	St., 4 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR PLYORCED (write the word) 6. If merried, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of Chas. a. Feldman	22. I HEREBY CERTIFY, Thet I ettended deceased from May 1933, to Ale 5 1933
6. DATE OF BIRTH (month, day, and yeer) 23 1851	Hast saw hear alive on 12/5 , 1933; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date steted above, et / 1,5-0 0 m.
82 5 12 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked et this occupation (month and the company of the company	Arterio Scherrtis Carolis Vascular 15 Types
orindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Sailare
SAW MILL, BANK, etc	
this occupation (month and spent in this occupation occupation	
12. BIRTHPLACE (city or town) Baltynas	Other Contributory Causes of importance:
(State or country)	
13. NAME (Indian Schaubla) 14. BIRTHPLACE (city or town) - J. J. J.	
14. BIRTHPLACE (city or town)	Neme of operation
(State of country)	What test confirmed diagnosis? Classical Was there an autopsy? M
15. MAIOEN NAME Elizabeth Redekind	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Plizabeth Wedekind 16. BIRTHPLACE (city or town) Unknown (State or country)	Accident, suicide, or homicide? Date of injury, 19
MA: MA / 9 Mall	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Place Want Flidman (Address) Kerglistown Md	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR RESOLVAL	Manner of injury
Place Hogerstown Mon Oate	Neture of Injury
19. UNDERTAKER SOME TO Missingh VSpn (Address)	24. Was disease or Injury in any way related to occupation of deceased?
17-1- 25 /46 1/1	If so, specify Awayy M. D. (Signed) M. D. M. D.
20. FILEO La 19 20 Must from Registrat.	(Signed)
Acgurar.	(1141143)

If more blanks are needed, address State Registray, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car .	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
MUDITIONAL	OI MULL FUR	L OR I HIRIT	SIMILMINIS	DI	IIIISIUIAN

ARGIN RESERVED FOR BINDING

12533

1. PLACE OF DEATH	(59)
County Washington.	Registration Dist. No. 307
Village or City Robbersville	No. St. Ward
Length of residence in city or town where death occurredyrsyrs	degh occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?
Q 1 4 TE 11	How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Infant Vellero	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
9. SEX Phale 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH Jie . 15 193 3. (Year)
5a. If married, widowed, or divorced HUSBANO of	(month) (bay) (real)
(or) WIFE of Sugle	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dec. 18, 1933	I last saw h Line alive on Dec 15 19 33 death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at
1 day, 3, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanco were as follows:
9 Trade profession or porticular	Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Premature
9. Industry or business in which work was done, as SILK MILL,	Memalin
A SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as STINKER, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this companion of month and spent in this companion of months and spent in this spent in this companion of months and spent in this companion of months and spent in this companion of months and spent in this spent in	
this occupation (month and spent in this occupation occupation	
Palmantle md.	Other Contributary Causes of Importance:
12. BIRTHPLACE (city or town) VOIM CASSAUCE, (State or country)	
13. NAME Charles Remolds Fellers	
14. BIRTHPLACE (city or towns Shephellottern	Name of operation
(State or country) Welst Va.	What test confirmed diagnosis?
15. MAIDEN NAMEMALGARET Virginia Moungstar	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Margaret Virginia Moungstar 16. BIRTHPLACE (city or toyn) Letter ha.	Accident, suicide, or homicide?0ate of Injury19
(State or country) West Va.	Where did Injury occur?
17. INFORMANT Charles Reynold Feller (Address) Poherburlle	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL 7	Manner of injury
Place Chrispielle Wapate Dec. 201, 1933	Nature of Injury
19. UNDERTAKER TOWN , Bust & Soy	24. Was disease or injury in any way related to occupation of deceased? 200
(Address) Boorisboo md.	If so, specify
20. FILEO De C. 19, 1933 Emma Gozenkin	(Signed) M. W. M. O.
Dalala let Registrar.	(Address) Warshows.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I	1	Example II			
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
JAN 9 1934					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
			= 77		

ADDITIONAL SPACE F	OR	FURTHER	STATEMENTS	BY	PHYSICIAN
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state OCCUPA-

plnods

of infor

	Registratio	n Dist. No	30	5
No.	n, give its NA	ME instead of	St., street and	War
ds. How long In U.S. if of fo	oreign birth?_	yrs	m	osd:
Øt., Ward.	If nonreside	nl give city or	town and	State
MEDICAL CER	RTIFICAT	E OF DE	ATH	
21. DATE OF DEATH	CCULA (Month)	(Day)	15	, 193 3 (Year)
22. I HEREBY (Alex 13, 19 I last saw h = R. alive on Alex	33, to	Llee 15	1/5	1933
to have occurred on the date stated a The PRINCIPAL CAUSE OF DEATH a were as follows:			ance	Date of onset
Brown	Free	imon	ia	4-5012
Other Contributory Causes of importa				
Other Contributory Chases of Importa-	nce;		••••••	
Newson				
Name of operation	//	al Was		u'opsy?
23. If death was due to external causes Accident, suicide, or homicide?				
Where did injury occur?				
Manner of injury Nature of injury				
24. Was disease or injury in any way r		pation of dece	ased?	20
If so, specify (Signed)	13. KG	sale	-	мг
(Address)	100	- /h s		med

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	Example II			
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:		

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93.2
county Wash: ngton	Registration Dist. No. 303
Village or Chrean Dry Run	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME TOUS Elva Vivainia	Forsathe
(a) Residence: Nor (a) The Run.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Temale VVh.12 married	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
Joy. H.	Dec. 22 1933, to deg 2 0 1953
6. DATE OF BIRTH (month, day, and year) March 2-1895	I last saw her alive on See 25 , 19.33; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4.12.m.
38 9. J3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, ATUSEWYSE SAWYER, BOOKKEEPER, etc.	Cloute Syscarditis see
SAWYER, BOOKKEEPER, etc.	12 77/3
Work was done, as SILK MILL, SAW MILL, BANK, etc.	With Wedering of
10. Date deceased last worked at 11. Total time (years)	Spurrey a
o this occupation (month and 3-1433 spent in this 0475.	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
13. NAME (Serrae Veryott	
14. BIRTHPLACE (city or town) lawfood	Name of operation
(State of country)	What test confirmed diagnosis? Bedside Was there an au'opsy?
15. MAIOEN NAME VOV on e e Clopper 16. BIRTHPLACE (city or town) layous: Per	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town lays):	Accident, suicíde, or homicide? Oate of injury, 19
(State-or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Q V CADE AND CONTROL (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Placeto road fording note Dec 28, 1933	Nature of injury
19. UNDERTAKERT L. COX man made (Address) Hag dystaun. Mad	24. Was disease or injury In any way related to occupation of deceased?
20. FILEO Des 25, 1933 Zano III Zallo Registrar.	(Signed) Seather P. Ferry M. O. (Address) to lear expering and
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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			7-4
	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RGIN RESERVED

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state RD. Every item of infor-

Exact statement of OCCUPA.

properly classified.

it may

so that

CAUSE OF DEATH in plain terms,

County Washington			Registration Dist. No. 301	
Village Ponesburg Md		No.	St.,	War
Length of residence in city or town where death occurred	ITE		rinstitution, give its NAME instead of street and nu.S. if of foreign birth?yrsmos	
2. FULL NAME Elsie May Gar	2			
Como	aner	01 11- 1		
(4) 11001401100. 1101	lace of abode)	St., Ward.	If nonresident give city or town and S	itate
PERSONAL AND STATISTICAL PA	RTICULARS	MEDICA	L CERTIFICATE OF DEATH	
formal or mind on Divo	MARRIED, WIDOWED, RCED (write the word)	21. DATE OF DEA	TH Dec. 7, 1933,	193
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of Herman Gardne	r	22. I HERE	EBY CERTIFY, That I attended d	eceased fro
6. DATE OF BIRTH (month, day, and year) May. 2	Ø 1.00E	I last saw have alive	on Dec. 7 1933;	, f9.3.3
6. DATE OF BIRTH (month, day, and year) May. 2 7. AGE Years Months Days	If LESS than	to have occurred on the dat	11 20 0	nearn 12 29
38 6 9	f day,hrs.	The PRINCIPAL CAUSE OF	F DEATH and related causes of importance	
2 Trade profession or posticular	l ormin.	were as follows:		Date of onse
kind of work dona, as SPINNER, HOUSEW	ork	Myoca	undites acute.	12/1/
kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc				
10. Data deceased last worked at Oct. 33 11. To this occupation (month and Oct. 33	spent in this life occupation			
12. BIRTHPLACE (city or town) Wash Co. M.	4	Other Contributory Causes	of Importanca:	
(State or country)	4	Hebati	a (eyy hisses	12/11
13. NAME Daniel M. Forsythe	3	1		
13. NAME Daniel M. Forsythe		Name of operation	Date of	
(State or country) Maryland			sis? Was there an au	opsy?
15. MAIDEN NAME Ellen Kurtzer			nal causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Ellen Kurtzer 16. BIRTHPLACE (city or town) Maryland (State or country)			ide? Date of injury	
(State or country)		Whera did injury occur?		
17. INFDRMANT Herman Gardner (Address) Williamsport Mo	R.F.D.#20	Specify whether injury occu	(Specify city or town, county and State prred in INDUSTRY, in HOME, or in PUBLIC PLA) CE.
f8. BURIAL, CREMATION, OR REMOVAL		Manner of Injury		
Plack illiansport Md Date I	ec. 10.19.33	Nature of injury		
19 UNDERTAKER Albert Leaf		24. Was disease or injury in	any way related to occupation of deceased?	70.
(Address) Williamsport	val /	If so, specify		
20 FUED Dec 9. 1933 6 6 P	ickards.	(Signed)	Judguerou ()	M.
20,112,13	Registrar.	(Address)	gullanis pour	ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

B.—WRITE PLAINLY,

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Example I			Example II	
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		1	Attack of epilepsy .	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JAN 8 1934	July 5,1927	Peritonitis .	3 days ago
	BUREAU V. S.			
Other contributory ca	auses of importance:	~4	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH County Manual County Manua	STATE OF MARYLAND—	CERTIFICATE OF DEATH	- (,()
Village or City, Mould game. Langth of rasidence in city or town where dash occurred. Langth of rasidence in city or town where dash occurred. 2. FULL NAME (a) Residence: No. (b) Langth of rasidence in city or town and State (c) Residence: No. (c) Langth of rasidence in city or town and State (d) Residence: No. (e) Residence: No. (f) Langth of rasidence in city or town and State (e) Residence: No. (f) Langth of rasidence in city or town and State (e) Residence: No. (f) Langth of rasidence in city or town and State (e) Residence: No. (f) Langth of rasidence in city or town and State (e) Residence: No. (f) Langth of Residence in the city of town and State (f) Langth of Residence in the city of town and State (f) Langth of Residence in the city of town and State (f) Langth of Residence in the city of town and State (f) Langth of Residence in the city of town and State (f) Langth of Residence in the city of town and State (f) Langth of Residence in the city of town and State (f) Langth of Residence in the city of town and State (f) Langth of Residence in the city of town and State (f) Langth of Residence in the city of town and State (f) Langth of Residence in the city of town and State (f) Langth of Residence in the city of town and State (f) Langth of Residence in the city of town and State (f) Langth of Residence in the city of town and State (f) Langth of Residence in the city of town and State (f) Langth of Residence in the city of town and State (f) Langth of Residence in the City of town and State (f) Langth of Residence in the City of town and State (f) Langth of Residence in the City of town and State (f) Langth of Residence in the City of town and State (f) Langth of Residence in the City of town and State (f) Langth of Residence in the City of town and State (f) Langth of Residence in the City of town and State (f) Langth of Residence in the City of town and State (f) Langth of Residence in the City of town and State (f) Langth of Residence in the City of town a	01/2 // -/-	902	3
Langth of rasidence in city or town and state country 2. FULL NAME (a) Residence: No. (b) Residence: No. (c) Residence: No. (d) Residence: No. (e) Residence: No. (e) Residence: No. (f) Residence: No. (e) Residence: No. (f) Residence: No	Village or City Dark & an	NoSt	Ward
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS J. SEX J. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, DR DIVORCED (wynic the word) So. If married, widowed, and divorced HUSSNND of Word of On, hilfs of County of One of	Langth of rasidence In city or town whera daath occurred		
3. It parried, widoward and worked of converted worked of this scanding of converted of the date stated abova, at 1 and 1997; death is said to have occurred on the date stated abova, at 1 and 1997; death is said to have occurred on the date stated abova, at 1 and 1997; death is said to have occurred on the date stated abova, at 1 and 1997; death is said to have occurred on the date stated abova, at 1 and 1997; death is said to have occurred on the date stated abova, at 1 and 1997; death is said to have occurred on the date stated abova, at 1 and 1997; death is said to have occurred on the date stated abova, at 1 and 1997; death is said to have occurred on the date stated abova, at 1 and 1997; death is said to have occurred on the date stated abova, at 1 and 1997; death is said to have occurred on the date stated abova, at 1 and 1997; death is said to have occurred on the date stated abova, at 1 and 1997; death is said to have occurred on the date stated abova, at	(Usual place of abode)		
## PR DIVORCED (cyrir the word) ## WARD of an article, widoward of HUSBAND of Agriculture word) ## HUSBAND of Agriculture of HUSBAND OF HUS		MEDICAL CERTIFICATE OF DEATH	
S. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 37 AGE Years Months AGE Years Months AGE AGE Years AGE Years Months AGE AGE Years AGE Years Months AGE AGE Years AGE Years Months AGE AGE Years Months AGE AGE AGE Years AGE Years Months AGE AGE AGE AGE AGE AGE AGE AG	Quale White Married (write the word)	Wec 28 ,193	
7. AGE Years Months Jay 1 day, hrs. or min. 8. Trada, procession, or particular kind of work doma, as SPINNER, hobour. 9. Industry or business in which work was doma, as SPINNER, hobour. 9. Industry or business in which work was doma, as SPINNER, hobour. 9. Industry or business in which work was doma, as SPINNER, hobour. 10. Date deceased last worked at spanning and as printing occupation. 11. Total time (years) spanning this years) 12. BIRTHPLACE (city or town) (State ar country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURNAL, GRENATION OR REBOVAL Place Place 19. Mouse 19	(or) WIFF of	401 7 3	ased from
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12. BIRTHPLACE (city or town) (State ar country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION OF REMOVAL Place Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. The Contributory Canses of importance: 11. Other Contributory Canses of importance: 12. 2) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION OF REMOVAL Place (Address) 18. BURIAL, CREMATION OF REMOVAL Place (Address) 19. UNDERTAKER (Address)	8 Trade profession or particular	wara as follows:	te of onset
12. BIRTHPLACE (city or town) (State ar country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION OF REMOVAL Place Of Marker (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. FILED. 11. DEAL Contributery Canses of importance: 11. Othar Contributery Canses of importance: 12. Deal Contributery Canses of importance: 12. Deal Contributery Canses of importance: 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION OF REMOVAL Place Of Injury 19. UNDERTAKER (Address)	9. Industry or businass In which work was dona, as SILK MILL, State Cool. SAW MILL, BANK, atc	Chrome moendelin 3	po ago
13. NAME Slongly 304 14. BIRTHPLACE (city or twm) Was there are autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Was there are autopsy? 17. INFORMANT MALL MATTER Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) And Removal Manner of injury Place Maller Manner Manner Maller Manner of injury 19. UNDERTAKER AND CONTRACT (Address) And Contract	12. BIRTHPLACE (city or town)	De de l'institution	
What tast confirmed diegnosis? Was there an aulopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL Place Omples Mann Report (Address) 19. UNDERTAKER (Address) 20. FILED 7. 1933 24. Was disease or injury in any way ralated to occupation of daceased? (Signed) (Signed) (Address) Was there an aulopsy? 23. If daath was dua to extarnal causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Nature of injury Nature of injury 19. UNDERTAKER (Address) (Signed) (Signed) (Address) Masser an aulopsy? 24. Was disease or injury in any way ralated to occupation of daceased? M. D. Registrar. (Address)	13. NAME Slonglw. Day		
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION OR REMOVAL Place Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. FILED 20. FILED 21. INFORMANT (State or country) 22. If daath was dua to external causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide? Date of injury (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury 15. MAIDEN NAME (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) Manner of injury 19. UNDERTAKER (Address) (Signed) (Signed) (Signed) (Address) M. D. (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address)	(State or country)		
18. BURIAL, CREMATION OF REMOVAL Place Simplify Manner of injury 19. UNDERTAKER 1.5. Cacales 24. Was disease or injury in any way ralated to occupation of daceased? 20. FILED 29., 1933 Eagle Deep Registrat. (Signed) Manner of injury (Signed) Manner of injury (Signed) Manner of injury (Signed) Manner of injury (Address) Manner of injury Nature of injury (Signed) Manner of injury (Address) Manner of injury Nature of injury (Signed) Manner of injury (Address) Manner of injury (Address) Manner of injury Nature of injury (Signed) Manner of injury (Address) Manner of injury (Address) Manner of injury (Signed) Manner of injury (Address) Manner of injury (Address) Manner of injury (Signed) Manner of injury (Address) Manner of injury (Signed) Manner of injury (Signed) Manner of injury (Signed) Manner of injury (Signed) Manner of injury (Address) Manner of injury (Signed) Manner of injury (Manner of injury) (Signed) Manner of injury (Signed) Manner of injury (Signed) Manner of injury (Manner of injury) (Signed) Manner of injury (Signed) Manner of injury (Manner of injury) (Signed) Manner of injury (Signed) Manner of injury (Manner of injury) (17. INFORMANT Mr Maymond L. Gay.	23. If daath was dua to extarnal causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide?	
(Address) Bolivar W. J.A., 16 so, spacify 20. FILED 79, 1933 Egg & Dece Registrar. (Signed) Jackson Sharpshurg July. M. D. (Address) Sharpshurg July.	18. BURIAL, CREMATION OR REMOVAL		
Registrar. (Address) Sharfrahung plus.	(Address) Bolivar Wija,	24. Was disease or injury in any way ralated to occupation of deceased?	อ
If more blanks are needed address State Penishuan as - NY OL L. C. D. L. D. L. D. L.	Registrar.	Cf. blacking hell	м. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II

The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. ż

FOR BINDING

ARGIN RESERVED

V. S. No. 1

	OF M	ARY	LAND-	CERTIFICATE OF DEATH	12520
1. PLACE OF DEATH	0 -			8	16000
County / aruc	ylor			Registration Dist. No.	202
Village or City / Fug	iste	w		No. 725 Fire duct St., f death occurred in a hospital or institution, give its NAME instead of street ar	Ward number)
Length of residence in city or town to	here death occur	red	yrs,mos	17 001	_mosds.
2. FULL NAME com	nami	ea	chee	I pelle gearbeart	
(a) Residence: No. 725	Fred	ni	1) St., 3 Ward.	
	(Usu	al place of	abode)	If nonresident give city or town a	and State
PERSONAL AND STAT	ISTICAL P	PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX M 4. COLOR OR RAC			IED, WIOOWED, (write the word)	21. DATE OF DEATH LLC 16 (Month) (Oav)	, 193_3
5a. If married, widowed, or divorced HUSBANO of				(month) (day)	(rear)
HUSBANO of (or) WIFE of				22. I HEREBY CERTIFY. That I attend	ed deceased from
				, 19, to	, 19
6. DATE OF BIRTH (month, day, and year)	LIEC	16	33	I last saw h, 19	; death is said
7. AGE Years Mont	is Da	ays	If LESS than	to have occurred on the tater stated above, atm.	
			1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	10.
8. Trade, profession, or particular				4	Date of onset
kind of work done, as SPINNE SAWYER, BOOKKEEPER, etc	·,				
kind of work done, as SPINNE SAWYER, BOOKKEEPER, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc O tet deceased last worked at				70	
work was done, as SILK MILL, SAW MILL, BANK, etc.		~		- Chy ?	
- Cons occupation (month and	11.	Total times,	in this	99	
year)		occup	ation	Other Coatributory Causes of importance:	
12. BIRTHPLACE (city or town)	year	los	onle		
(State or country)	0		me		
13. NAME 14. BIRTHPLACE (city or town)					
14. BIRTHPLACE (city or town)				Name of operation Oate of	
(State or country)				What test confirmed diagnosis? Was there a	
15. MAIDEN NAME hell	ie I	Rar	liant	23. If death was due to external causes (VIOL ENCE) fill in also the follow	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16.	Luise	she	ura	Accident, suicide, or homicide? Date of injury	
(State or country)			mul	Where did injury occur?	
2000.	500	0	-	(Specify city or town, county and S Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC	itale)
17. INFORMANT (Address)	10		and le	oposity who are myary occurred in thousand, in home, or the object	FEAGE,
18. BURIAL, CREMATION OR REMOVAL	The		- N	Manner of injury	
Place Jeme	Date .	Lle	16,19.3		
19. UNDERTAKER Mrs /4	hrac	le		24. Was disease or Injury in any way related to occupation of deceased?	
(Address)	Pager	elen	on hil	If so, specify	
20. FILED 2-16-, 1933-	Char	1/2	Registrar.	(Signed) If U Trollon (Address) Itapen low	n luis
If	more blanks are n	needed, ade	dress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes | Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ann Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Peritonitis July 5,1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

		763 444	

of OCCUPA-

		STATE C	F MARYLAND-	CERTIFICATE	OF DE	ATH	2540
1	. PLACE O	F DEATH	יבן ען קיין ער	(Kar)		IS STITUTED TO	
	County	Washington	O TPOBA	TH LIMITE DE	Dogistanti	on Dist. No.	2,
		Washingto	n Co Hospital ()	Hagerstown Md)	negistrati	on Dist. No.	3
	Village or (city		death occurred in a hospital or institut	tion, give its NA	ME instead of street and	ward ward
	Length of res	idence in city or town where	death occurredyrsmos				
2	. FULL NA	ME William					
	(a) Resider	nce: No. Wil	liamsport Md	St., Ward.			
-	BERCON		(Usual place of abode)	l uspical c	-	lent give city or town and	State
3. S	~		ICAL PARTICULARS			TE OF DEATH	
3. 3		4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	Dec.	23, 1933	
	male	white	single	***************************************	(Month)	(Day)	(Year)
5a.	If married, widow HUSBAND of	wed, or divorced		22. A I HEREBY	CEDTI	EV That I was to	/
	(or) WIFE of	none		Aue. 21	33	FY. That I attended	deceased from
	ATT OF DIRTH		ec 21, 1933	I last saw h alive on	Die.	12 33	_; death is said
7. A		(month, day, end year) ars Months	Days If LESS than			. 7.5	_; death is said
	XX	XX	Pays If LESS than 1 day, hrs.	to have occurred on the date state The PRINCIPAL CAUSE OF DEAT		The state of the s	
			ormin.	were as follows:	II and related c	auses yr importance	Date of onset
NO	8. Trade, profe	ession, or particuler work done, as SPINNER, t, BOOKKEEPER, etc	none	(famos F.		A	
		k, BOOKKEEPER, etc business in which	no	CILIMITAL	no vi	4N -	
UP/	Work we	es done, as SILK MILL, LL, BANK, etc	xx				-
OCCUPATION	10. Date deceas	sed last worked et pation (month and	11. Total time (years) spent in this				
-	year)	Hagers	town Md	Other Cantributory Causes of impo	rtance:		
12.	BIRTHPLACE (ci	ity or town)	OOWII MICE	Λ	1 A	100	
	(State or cou			Congrue	ery	activity	
ER	13. NAME	Milford Gro	ve		ulch	nesertplu	m)
FATHER	14. BIRTHPLACI	E (city or town) Willi	amsport Md	Neme of operation		Date of	
2	15. MAIDEN NA	4 2 4		What test confirmed diagnosis?			
MOTHER			ngton W. Va	23. If death was due to external cau Accident, suicide, or homicide?			
-	(orate or	Milford G	20110	Where did injury occur?	(Specify city	or town, county and Sta	te)
17.	(Address)	Williams		Specify whether injury occurred in	INDUSTRY, in	HOME, or in PUBLIC PL	ACE.
18.		TION, OR REMOVAL	port ma				
			rypate Dec. 23 19 33	Manner of injury			
19.		Albert Leaf	, N. J. J.	Neture of injury 24. Was disease or injury 24. Was disease or injury	related to oc	cupation of deceesed?	
	(Address)		Williamsport Md	If so, specify	CALL		
20.	FILED /2-5	23-,1933/6/	Registrar.	(Signed) (Address)	TOUR	rutun	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP	ACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

. hayman

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(153)
county Washington	Registration Dist. No.
Village or City X agerstown	No. 1001. Pope Ave St. Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
	TY OVE.
(a) Residence: No. 1001 100e Hye (Ushal place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (price the word)	21. DATE OF DEATH
male White married	(Month) (Day) (Year)
5e. If merried, widowed, or divorced HUSBAND of	22. /\ J HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Sarah.	Dec 19 1933, 10 Lee 30 1933
6. DATE OF BIRTH (month, day, and yeer) 94 19 - 1842	I last saw have elive on A Del 3 d , 1933; deeth Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, et 9 20 Pm.
2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER.	Date of onset
kind of work done, as SPINNER, Wind Mules SAWYER, BDOKKEEPER, etc. Andustry or business in which the second secon	Tempugus,
Andustry or business in which work wes done, as SILK MINA, Qy Mauled June SAW MILL BANK, etc.	the first tagues
O 10, Date deceased last worked at 11. Total time (yeers)	
this occupation (month and spent in this occupation to 45	Dibas Cartellator Comment in a basic
12. BIRTHPLACE (city or town) Dro ad Run.	Dther Contributory Causes of importance:
(State or country)	recilles
13. NAME WILL AND STORE RUN 14. BIRTHPLACE (city or town) Dr. ad Run (State or country)	
7 14. BIRTHPLACE (city or town) 12 mad 1 um	Name of operation
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
# 15. MAIDEN NAME + May C. Willard	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME TO C. Willard 16. BIRTHPLACE (city or town) 22 - 22 al. Rue	Accident, suicide, or homicide?
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANTO TASA COLOR CONTROL COLOR (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURML CREMATION, OR REMOVAL	Manner of injury
Place \ A CULLINIA My Date Duy V , 1904	Nature of injury
19. UNDERTAKER 7. 19 CON Made (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED /-2- 134 Crest Breest	(Signed) Walley depurar M.D.
	(Address) - And Joseph A-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
May1,1923	Other contributory causes of importance:	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

The state of the s		

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. ż

ARGIN RESERVED FOR BINDING

V. S. No. 1

S	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH	7 4 0
1. PLACE OF DEA	TH			<u> </u>	342
County //	whi	ylo	~~	Registration Dist. No.	02
Village or City	/ Jujer	ston	مد	No. 433 Salem Care St.	5 Ward
Length of residanca in c	oity or town where de-	th occurred	(I) mos	death occurred in a hospital or institution, give its NAME instead of street andds. How long in U.S. if of foralgn birth?yrs. m	
	ity of town where dea	e P	0 10	CO. B. IR	osds.
2. FULL NAME	May	ned C	arece	time sub-	
(a) Residence: No	450 N	(Usual place	of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AN	ND STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLO	OR OR RACE	S. SINGLE, MAR	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH	2
1	W	Z	-CC	$\mathcal{A}\mathcal{U} \subset \mathcal{B}$ (Month) (Day)	., 193(Year)
5a. If married, widowad, or div HUSBAND of	orcad				
(or) WiFE of				22. I HEREBY CERTIFY, That I attended	
6. DATE OF BIRTH (month, da	v and vaar) Le	ec 60	4-33	I last saw halive on	, 19
7. AGE Years	Months	Days	If LESS than	to have occurred on the date spaced above, at 9 A m.	, waatii 13 3atu
			1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and raiated causes of importance were as follows:	A DESCRIPTION OF THE PROPERTY
2 8. Trade, profassion, or p	articular		1 010000 - 111111	wore as tollows.	Oate of onset
kind of work done SAWYER, BOOKKE	EPER, etc.			٩٥٥	
S. Industry or business in work was dona, as SAW MILL, BANK,	n which SILK MILL,			- La	
O 10. Date deceased last wo	rked at	11. Total ti	ma (years)	4 luo 74	
o this occupation (mo	nth and	span	tin this pation	/ walls	-
12. BIRTHPLACE (city or town)	Huge	nlow	on Mil	Othar Centributery Causes of importance:	
(State or country)	0				
13. NAME Sh	ner 2	rube	2-		
13. NAME 14. BIRTHPLACE (city or to	own) Wron	chesto	v-	Name of operation Date of	
(State or country)			he	What test confirmed diagnosis? Was there an a	utopsy?
15. MAIDEN NAME 2	ra to	rarly		23. If death was due to external causes (VIOL ENCE) fill in aiso the following	:
5 16. BIRTHPLACE (city or to	own) Jory	erslos	m	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	0	0 /	rna	Where did injury occur? (Specify city or town, county and Stat	
17. INFORMANT EC	uen 2	wor		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
(Address) 18. BURIAL, CREMATION, OR I	REMOVAL	s low	en lag		
Place Pres	uses	Date Cle	C 6 1922	Mannar of injury	
50				Nature of injury	
19. UNDERTAKER	Thursday	Lower	Tu Cl	24. Was disease or injury in any way related to occupation of decaased?	gar.
12-6-	3964	esto	2000	(Signad) M. Gr. Fortlon	M. D.
20. FILED.	190000000	- 5/1	Registrar.	(Address) / Letter www	mea.
	If more bla	mbe and model a	ddage Case Design	N.C. I. C P.L. P. G. C. N.	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
---------------	----------	---------	------------	----	-----------

M	item of infor-	should state	of OCCUPA-	1
•	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC. RD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	- CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
BINDING	PERMANENT R	EXACTLY.	ly classified. E	ite.
D FOR	IS IS A F	be stated	be properl	f certifica
RESERVE	G INK-TH	GE should b	hat it may b	ns on back o
YARGIN RESERVED FOR BINDING	TH UNFADIN	lly supplied. A	plain terms, so t	TION is very important. See instructions on back of certificate.
•	PLAINLY, WI	ould be carefu	F DEATH in p	very important.
V. S. No. 1	(. B.—WRITE	mation sh	- CAUSE G	TION is

STATE OF MARYLAND—	CERTIFICATE OF DEATH	2543
1. PLACE OF DEATH	(87-P)	
County Mashing ton	Registration Dist. No. 30	3/
Village or City Fine Later Village or City	NoSt.,	Ward
Length of residence in city or town where death occurred 2 yrs, 4 mos.	death occurred in a horpital or institution, give its NAME instead of street and n	
2. FULL NAME Milyon Les Hay		
(a) Residence: No. Leusestown, 7100	St. Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED write the wood)	21. DATE OF DEATH (Month) (Day)	, 193 (Year)
5a. If married, widowed, or divorced		
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended	deceased from
6. DATE OF BIRTH (month, day, end year) and 26 1951	1 last saw h em alive on Secember 1 193	death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 5.2	
2 3 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
9 Teads profession or particular		Data of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	<i>l</i> '	Dec. 3.
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	Convulsions	1933
NOTE TO SHARE THE STANKER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) Occupation		
D L.T	Other Coutributory Causes of importance:	6
12. BIRTHPLACE (city or town)	Intentiles Cerebrals Tal-	grown
13. NAME Olde M Larshman	rolesia	birth
13. NAME CLEE MARSHMAN 14. BIRTHPLACE (city or town) Company Color (State or country)	Name of operation	
(State of country)	What test confirmed diagnosis? Was there an a	u'opsy? No
15. MAIDEN NAME / 15. MAIDEN NAME / 16. BIRTHPLACE (city or town) - Degrady	23. If death was due to external causes (VIDL ENCE) fill in also the following	:
16. BIRTHPLACE (city or town) Dages by	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	Where did injury occur?(Specify city or town, county and State	e)
17. INFORMANT Wille fill farehmas	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	ACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Asse Self Date 12/ 6 , 1933	Nature of injury	
19. UNDERTAKER William Ahowney	24. Was disease or injury In any way releted to occupation of depeased?	No
(Address) Smitholing Mig	If so, specify (Signed) (Signed)	мр
20. FILED 1933 Registrar.	(Address) Haquistown	Ma.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Example I	Įį.	Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
F.Y DAMEGE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

r e i.	<u>.</u> 1	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state	20	1. PLACE OF DEATH	94.2
of of	OCCUFA	county Washington	Registration Dist. No. 30 2
E =	10	Village or City Hagey Stown.	No. 605 So Totomas. St., Ward
S. C.		11-	death occurred in a norpital or institution, give its IVAIVE, instead of street and number? ds. How long in U.S. if of foreign birth?yrsmosds
CORD, Every PHYSICIANS	ement	2. FULL NAME Divainia Heast	ip.
	state	(a) Residence: No. 10 05 So Poto mac	St., Z Ward.
RECORD.		(Usual place of abode)	If nonresident give city or town and State
EC	Exact	PERSONAL AND STATISTICAL PARTICULARS 3. SEX	MEDICAL CERTIFICATE OF DEATH
	1	OR DIVORGED (write the word)	Dec 2, 1930.
PERMANENT EXACTLY	ed.	5a. If married, widowed, or divorced	(Month) (Oay) (Year)
AC	issined.	HUSBANO of (or) WIFE of COS CASA Acashy	22. HEREBY CERTIFY, That I attended depended from
RM X	cla .	TT :10 -1073	7,193, to 1,195
19 B	ate	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	l last saw h alive on
IS A stated	properly certificate	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
IS	pre	8. Trade, profession, or particular	were as follows:
HIS he	of o	8 Kind of work done, as SPINNER Monumental Bees	A Tracks Mumming Ale
	may	9 Industry or husiness in which	5
VK_T should		work was done, as SILK MILL, SAW MILL, BANK, etc	
) [-4	on on	O 10. Date deceased lest worked at this occupation (most head 4-435 spant in this occupation) wear occupation (1.1 Yes)	
NG I	so that		Other Contributory Causes of importances
10 .		12. BIRTHPLACE (city or town) TUMICS TO LOM (State or country)	-Colores (sudden death)
UNFADING supplied. AG	in terms, see instru	CE 13 NAME (SO SO) TOU do !!	Castarquaris
Na da		E	Name of operation.
	See	[Stale or country]	What test confirmed diagnosis? Was there an au/losy?
Y, WITH carefully	in plai ant. S	# 15. MAIDEN NAM Caroline Groux	23. If death was due to external causes (VIOLENCE) fill In also the following:
		16. BIRTHPLACE (city or town) DOCUST Grove	Accident, suicide, or homicide? Date of injury, 19
INL be	A I	E (State or country) M.d.	Where did injury occur? (Specify city or town, county and State)
PLAINLY	2 2	17. INFORMANT Lonard VValcenight	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
_= (Ver	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	SE is	Place Agers that Date Wee 19. 133.	Nature of injury
VR atio	90	19. UNDERTAKER ITIL COXX man	24. Was disease or injury In any way related to occupation of deceased?
I E	25	(Addiess) Lagars town Md.	If so, specify
m !	5	20 FUED / 2-28-19 33 Chasto 30 wer	(Signed) A y I Seathly M. I
Z	(h)!	Registrar.	(Address)
YUCK.	100 6	If more blanks are needed address State Registrar	2417 N Charles Street Bellimore Requestions 71 S No.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.— TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(210-77)
County Washington	Registration Dist. No. 302
Village or City 16 a grantowo	No. Wash, Co. Nospilast, 3 Ward
Length of residence in city or town where death occurred 1 2 yrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
7 11: 5. 2/	eou
(a) Residence: No. 3/2/4 Aounday	St., Ward.
(Usual place of shoot	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATIPLE. 29 3
Male White married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY That I attended deceased from
(ormetor livergaret Henson	Dic. 79, 1999, to Dic. 19, 1989
6. DATE OF BIRTH (month, day, and year) 200.8"/9/4	I last saw h was alive on the 1922; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
/9 / 2/ 1 day,min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc.	Durgicol Shock
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
	(Will accident).
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	h to live of the base
	Sustaine about de
	N. of a self-self-self-self-self-self-self-self-
14. BIRTHPLACE (city or town). Cash. (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
	23. If death was due to external causes (VIOL ENCS) fill in also the following:
En lacute	Accident, suicide, or homicides (Marler Date of Injury 12/29 1932
O 16, BIRTHPLACE (city or town). (State or country)	Where did injury occur? (Irudgeport, Wash Cu. Md.
17 INFORMANT Wook To Henson	(Specify on her injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 3/7/ houndry St	Jufu place - State 10000
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Author Williams Author - According to the Manner of Injury Author Williams Author - According to the Manner of Injury Author - According
Place Welliams from My Date 19.05	Nature of injury A A A A A A A A A A A A A A A A A A A
19. UNDERTAKER ESUSULEY & Louis	24. Was disease or injury in any way related to occupation of deceased?
(Address) Ley-englown had	If so, specify
20. FILED 1-1-194 Phas Most Mocres	(Signed) (Address) Hagrilliam M. D.
The state of the s	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Ex	kample I		Example II	
The principal cause of dea of importance were as followare of importance were as followare of the control of the cause of	th and related causes ws;	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	- FFE - 0 - 160A	1921	Run over by street car	1 week ago
Cerebral hemorrhage	FE-0 0 200	July 5, 1927	Peritonitis	3 days ago
	BURBALL V			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
V	es.			

STATE OF MARYLAND-	CERTIFICATE OF DEATH 12546
1. PLACE OF DEATH	304
County // Commy Con	Registration Dist. No.
Village or City Haucoclo	NoSt., War lf death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	
2. FULL NAME	I Hiles.
(a) Residence: No.	St., Ward.
(Usual place of abolight PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3-SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the world)	17/ 27/53
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased fro
121/20/33	Xtill. North. 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years 1 O Months Days If LESS than	I last saw had affive on , 19 ; death is sa
XIII - Xoru Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	Mene as follows:
kind of work done, as SPINNER, SAWYER BOOKKEEPER atc	Virolonged Labor.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	1
SAW MILL, BANK, etc	
this occupation (month and year)	a
Jana and Sal	Other Coutributory Causes of importance:
12. BIRTHPLACE (city og town)	
13. NAME	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Stadys. Niles.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME MANYS. 16. BIRTHPLACE (city or town) Haucoci May	Accident, suicide, or homicide? Date of injury, 19
(State or county)	Where did injury occur? (Specify city or town, county and State)
17. INFORMAND AYJANA Wiles	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18, BURIAL, CREMATION, OR REMOVAL	
Place (12/30 13	Manner of Injury
1/2/	24. Was disease or injury in any way related to occupation of deceased?
1 / / / / / / / / / / / / / / / / / / /	ET. mas discess of miguty in any way relayed to occupation of deceased?
19. UNDERTAKE Address Address Address Address	If so, specify
	If so, specify (Signed) JA. I Shras, M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "storc," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

	6	200	10	204	
1	1	1	4	6	
-A	-	6	1	- 61	

RD. Every item of YSICIANS should statement of OCC	Length of residence in city or town where death occurred yrs mas. 2. FULL NAME State of the course	death occufred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
RD. YSIG	(a) Residence: No. 427 Clay and t	TISE. 3 Ward. If nonresident give city or town and State
RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Dec 26 (Day) 1933 (Year)
PERMANENT EXACTLY ly classified. ate.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY SERTIFY. That I ettended deceased from to, 1975
IS A PERN stated E X properly cle certificate.	6. DATE OF BIRTH (month, day, and year) 20 20-1433 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 415 pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
INK-THIS should be t it may be on back of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business In which work was done, as SILK MILL, SAW, etc 10. Date deceased last worked at this occupation (month and year) occupation.	Dullbrigh
WITH UNFADING II efully supplied. AGE in plain terms, so that ant. See instructions o	12. BIRTHPLACE (city or town) Maly Stown ((State or count(y) Mary Caw) 13. NAME Russell Horning	Other Contributory Causes of importance: (Complete Knot in Mane of operation
	4. BIRTHPLACE (city or town) MRS train 5724 (State or country)	What test confirmed diagnosis? Was there an eu'opsy?
INLY, be car EATH import	15. MAIDEN NAME OB a . e C	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
E Sh Sh	18. BURIAL, CREMATION, DR REMOVAL Place TO GOVE STOWN Date Dec 2, 1933	Manner of injury
B.—WRIT mation CAUSE TION	19. UNDERTAKER A COLVENIA (Address)	24. Was disease or injury in advance related to occupation of deceased? If so, specify (Signed)
Zi Nathan eu	20. FILED Registrar. If more blanks are needed, address State Registrar,	(Address) Hogulum, Wo. 2411 N. Charles Street, Baltimore, Requesting V. S. Vo. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
I BUSEALO V. 93			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	CERTIFICATE OF DEATH 12548
1. PLACE OF DEATH	90
County Washington	
Village or City Clearspring (If	No. Clearspring St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 30_yrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Elizabeth S. Hull	
(a) Residence: No. <u>Clearspring</u> , <u>Nd.</u> (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4. Color or RACE White 5. SINGLE, MARRIED, WIDOWED, OR D. VORCED (write the word) Wildow	21. DATE OF DEATH December 4, 193 3. (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Francis P. Hull	22. Jee J. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) March 16, 1870	I last saw h L alive on SCO, 5 1, 19 3 3 death is said
7. AGE Yeers Months Days If LESS than 6.3 8 7.8 1 day,hrs.	to have occurred on the date stated above, et 1:00 A m.
63 8 18 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc Home Work 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked et this occupation (month and year)	Other Contributory Couses of importance:
12. BIRTHPLACE (city or town) Pectonville, (State or country) Md.	Queres y
13. NAME David H. Starliper	
13. NAME David H. Starliper 14. BIRTHPLACE (city or town) Park Head, (State or country) Md.	Name of operation Oate of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Mary E. Mason	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Pectonville, (State or country) Md.	Accident, suicide, or homicide?Oate of Injury, 19
17. INFORMANT Miss Bessie G. Hull, (Address) Clearspring, Md.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Clearspring. Md Bate Dec. 6 , 1933.	Manner of injury
19. UNDERTAKER Fred W. Kraiss, (Address) Hagerstown, Md. 20. FILED Dec 5, 19.3.3 9 WM Regular.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed Problems P. Perry M. D. (Address) Clear armyland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

12549

1. PLACE OF DEATH	The second of	(Pa)	
County Chashing tow		Registration Dist. No.	2
Village or City Hageisto	/	No. 118 St., St., death occurred in a hospital or institution, give its NAME instead of street and num	
Length of residence in city or town where death	occurredlyrsmos.	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME	in Hurtin		
(a) Residence: No. (Lossafa	(Usual place of abode)	St., Ward. If nonresident give city or town and Sta	te
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
70 1 7 001	SINGLE, MARRIED, WIDOWED, DR DIVORCED (write the word)	21. DATE OF DEATH A scendur - 15 (Month) (Day)	3.3 (Year)
HUSBAND of Margaret Trick	Reson Hurtman	22. I HEREBY CERTIFY, That I attended decided to the state of the st	ased from
6. DATE OF BIRTH (month, day, and year)	mbea 2-1849	I last saw h 1 alive on 12/13 , 1933 ; d	eath is said
7. AGE Years Months	Days If LESS than I day,hrs.	to have occurred on the date stated above, at & = P_m.	
84 3	/3 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	ate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	aborea	Rend Sirens with myocasshot fuchus	2/15/11
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	arm		
this occupation (month and year) Samuary -/ 1-93/	II. Total time (years) spant in this occupetion	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) Judian (State or country) Wash: Co	Springs		
13. NAME David Hu	intrian		
14. BIRTHPLACE (city or town) (State or country)	yneabors Penna	Name of operation Date of Date of Was there an au'o	An
I 15. MAIDEN NAME MARAD	It To invalance	23. If daath was due to external causes (VIOLENCE) fill in also the following:	159:-124J
I6. BIRTHPLACE (city or town)	Vagnestro	Accident, suicide, or homicide? Date of Injury	, 19
17. INFORMANT Mrs. C. M. (Address) // & Elms St. Hr.	Hornbecker	Where did injury occur? (Specify city or town, county end State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,	
18. BURIAL, CREMATION, OR REMOVAL PIACE Clearsforing Md. D.	ate Dec. 18. 1933	Manner of injury	
19. UNDERTAKER (14) Bax	y Son	24. Was disease or injury In any way related to escupation of deceased? W	
20. FILED / 2-/7-, 19 7 7 6	Registrar.	(Signed) (Address) / DOW whit Hulled with	/M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I	1	Example II	:
The principal cause of death and-related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

item of infor-

STATE OF	MARY	AND-CEF	RTIFICATE	OF DEATH
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155551

1. PLACE OF DEATH			34		2000
County Washington Village or City Hagerstow Length of residence In city or town where de	m		No. Washington f death occurred in a horpital or institu 5 ds. How long in U.S. if o	County Hespita	1 3 Ward
2. FULL NAME Harry (a) Residence: No. Eu	Knode tah St (Ususiplace	reet of abode)	St. 2 Ward.	If nonresident give city or town a	nd State
PERSONAL AND STATISTIC	CAL PARTI	CULARS	MEDICAL C	ERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White	or Divorces	RIFD, WIDOWED. (write the word)	21. DATE OF DEATH	December 25,	., 193
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY	CERTIFY, That I attende	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	t. l, :	1889	I last saw haline alive on _Alive to have occurred on the date state	le 25 193:	; death is said
44 2	25	1 day,hrs.	The PRINCIPAL CAUSE OF DEAT were as follows:	'H and related causes of Importance	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL. Tran 10 Date deceased last worked at this occupation (month and year)	11. Total ti		della	and hywerr-	and Rund
12. BIRTHPLACE (city or town) Washing (State or country) Md		unty	Other Contributory Causes of impo		Sout Ilan
13. NAME Henry G. Kno	de		, ,		
Hanry G. Kno 13. NAME Henry G. Kno 14. BIRTHPLACE (city or town). Washing (State or country) Md	gton C	ounty	Name of operation What test confirmed diagnosis?	Dato of	
15. MAIDEN NAME Alice Ken	idall			ises (VIOLENCE) fill in also the following	
15. MAIDEN NAME Alice Kern 16. BIRTHPLACE (city or town) Washi (State or country)	ngton (County	Accident, suicide, or homicide? Where did injury occur?	Date of injury	
17. INFORMANT Howard Knod (Address) Hagerstown 18. BURIAL, CREMATION, OR REMOVAL		***		(Specify city or town, county and St INDUSTRY, In HOME, or in PUBLIC P	ate) LACE.
Place Sharpsburg, Md.	Date Dec.	28, 1933	Manner of Injury	*******	
19. UNDERTAKER Fred W. Kra (Addiess) Hagerstown			24. Was disease or injury in any w	ay related to occupation of deceased?	Tuo
20. FILED / 2-28-, 1933 John	sft30	Registrar.	(Signed) Avu	ui, Weiz	м. р.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH County. Village or City. Village or City. Village or City. Village or City. And County. Village or City. Conty And County. Village or City. Conty And County. Village or City. And County. Village or City. On You and Ye and County. (If death occurred in a horpital or institution, give in NAME instead of street and number) And County. And County. Village or City. On You and Ye and County. If noneprident give city or town and Street and number) And County. And County. On You and Ye and County. If noneprident give city or town and Street and number) If noneprident give city or town and Street and number) Medical Certificate Of Death St. Ward. Medical Certificate Of Death 21. Date Of Death 22. On Attended of deceased from County. If LESS than I day,hrs. Or min. Salt Trade, profession, or particular. Salt Trade, professio
County V. C. Shing to M. Village or City V. C. Shing to M. Village or City V. C. Shing to M. Village or City V. C. Shing to M. V. Shing to M. Shing
Village or City
Length of residence in city or town where death occurred yes mos. ds How long in U.S. if of foreign birth? yes mos. ds. 2. FULL NAME (a) Residence: No. 9 24 Wull levyy St. Ward. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DAYORCED (werite the word) For Markey of Corp. Wife of St. SINGLE, MARRIED, WIDOWED, OR DIVORCED (werite the word) 5a. If married, widowed, or divorced (Month) 10. DATE OF BIRTH (month, day, and year) 10. DATE OF BIRTH (month, day, and year) 11. Total time (years) SAW MILL, BARK, etc. 12. DATE OF DEATH 22. I HEREBY CERTIFY, That I ettended deceased from to have occurred on the date stated above, at
Length of residence in city or town where death occurred 1. yrs
2. FULL NAME. (a) Residence: No. 9 DH Mull 2 VYU (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done as SPINNER, Soles man SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SIK Mills, Bank, etc. 9. Industry or business in which work was done, as SIK Mills, Bank, etc. 9. Industry or business in which work was done, as SIK Mills, Bank, etc. 9. Industry or business in which work was done, as SIK Mills, Bank, etc. 9. Industry or business in which work was done, as SIK Mills, Bank, etc. 9. Industry or business in which work was done, as SIK Mills, Bank, etc. 9. Industry or business in which work was done, as SIK Mills, Bank, etc. 9. Industry or business in which work was done, as SIK Mills, Bank, etc. 10. Date deceased last worked at this occupation, months and this occupation, months and this occupation, months and the social particular this occupation was deceased in the social particular this occupation was deceased in the social particular this particular th
(a) Residence: No. 9 3 14
(a) Residence: No. 9 3 14
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 6. DATE OF BIRTH (month, day, and year) 5. AGE Years Months Days If LESS than Iday. hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, Soles man SAWMER, BOOKKEEPER, etc. 9. Industry or business in which work done, as SPINNER, Soles man 10. Date deceased last worked at this occupation (month) and year) 10. Date deceased last worked at this occupation (month) and year) 11. Total time (years) spant in this occupation (month) and year) Other Contributory Causes of importance: Other Contributory
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER. Or min. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 10. Date deceased at worked at this occupation (month and year) 10. Date deceased at worked at this occupation (month and year) 11. Total time (years) spart in this occupation (month and year) Other Centributory Causes of importance:
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER. Or min. 8. Trade, profession, or particular kind of work done, as SPINNER. Or min. SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, as SILK Mills and Estated above, as SPINNER. SAWYER, BOOKKEPER, etc. 10. Date deceased at worked at this occupation (month and year) 11. Total time (years) spant in this occupation (month and year) Other Centributory Causes of importance:
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HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, Soles man SAWYER, BOOKKEPER, etc. 9. Industry or business in which work work done, as SILK MILR eal 2 states are soliows: 11. Total time (years) spant in this occupation (month and year) 17. Total time (years) spant in this occupation (month and year) 19. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: 11. Total time (years) spant in this occupation (month and year) 19. Total time (years) spant in this occupation (month and year) 19. Total time (years) spant in this occupation (month and year) 19. Total time (years) spant in this occupation (month and year) 19. Total time (years) spant in this occupation (month and year) 19. Total time (years) spant in this occupation (month and year) 19. Total time (years) spant in this occupation (month and year) 19. Total time (years) spant in this occupation (month and year) 19. Total time (years) spant in this occupation (month and year) 19. Total time (years) spant in this occupation (month and year) 19. Total time (years) spant in this occupation (month and year) 19. Total time (years) spant in this occupation (month and year) 19. Total time (years) spant in this occupation (month and year) 19. Total time (years) spant in this occupation (month and year) 19. Total time (years) spant in this occupation (month and year) 19. Total time (years) spant in this occupation (month and year) 19. Total time (years) spant in this occupation (month and year) 19. Total time (years) spant in this occupation (month and year) 19. Total time (years) spant in this occupation (month and year) 19. Total time (years) spant in this occupation (month and year) 19. Total time (years) spant in this occupation (month and year) 19. Total time (years) 19. Total time (years) 19. Total time (years) 19. Total time (years) 19. Total tim
6. DATE OF BIRTH (month, day, and year) March 15 - 1871 7. AGE Years Months Days If LESS than 1 day,
6. DATE OF BIRTH (month, day, and year) Order 1
7. AGE Years Months Days If LESS than 1 day, hrs. or min. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: 8. Trade, profession, or particular kind of work done, as SPINNER, Soles man 3. Industry or business in which work wes done, as SILK MILS eal 2 State usurance 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation (month and year) 1433 Other Contributory Causes of importance:
8. Trade, profession, or particular kind of work done, as SPINNER, Soles man 9. Industry or business in which work wes done, as SILK MILES at 2 States 10. Date deceased last worked at this occupation (month and year) 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation 20405
8. Trade, profession, or particular kind of work done, as SPINNER, Soles man 9. Industry or business in which work wes done, as SILK MILFS eal 2 States 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation (month and year) 1433 Other Contributory Causes of importance: Other Contributory Causes of importance:
8. Trade, profession, or particular kind of work done, as SPINNER, Soles man SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation (month and year) 1433 Occupation 20405
9. Industry or business in which work was done, as SILK MILES ea & State usurance 10. Date deceased last worked at this occupation (months and year) 1933 11. Total time (years) spant in this occupation (months and year) 1933 Other Contributory Causes of importance:
year) 1933 occupation 0 4 5 - Other Contributory Causes of importance:
year) 1933 occupation 0 4 5 - Other Contributory Causes of importance:
year) 1933 occupation 0 4 5 - Other Contributory Causes of importance:
Other Contributory Causes of importance:
Utilet Contributory Causes of Importance:
12. BIRTHPLACE (city or town) . 11. ams. burt
(State or country) Md.
W 13. NAME M KYONS
Name of operation Date of (State or country)
what test confirmed diagnosis?
15. MAIDEN NAME DUS ON CONY ad. 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Date of injury Nov 18, 19.33
5 16. BIRTHPLACE (city or town) M. Connalls hurg Accident, suicide, or homicide? No Date of injury Nov 18, 1933
Where did injury occur?
17. INFORMANT MYS C. C. KYCLS Specify whether injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE.
(Address) Kagerstown md, on Stripper
18. BURIAL CHEMATION, OR REMOVAL Manner of injury Sliped & Jell
Place that Is bur a Ma note like 21 1023
nature of injury
19. UNDERTAKER A. II. COXX and 24. Was disease or injury in any way related to occupation of deceased?
(Address) Hagerstown. Vnd If so, specify
20. FILED 2-10-1933 STROST Society (Signed) Tomas M.D.
Registrar. (Ardress) Abgrostorin how

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting C. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
3AH B 1934			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. B.—WRITE PLAINLY, WITH V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	12552
county Washington	Registration Dist. No. 306
Village or City Dear Smilhsburg	No. St. Warr
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds How long in U.S. if of foreign birth?yrs
2. FULL NAME MYS Missonie FT.	Leahman
(a) Residence Show Sm: Ws burg	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word) OR OR Y i 2 d.	21. DATE OF DEATH Dec \O (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) V-IFE of LeRoy—.	22. I HEREBY CERTIFY That I attended deceased you
6. DATE OF BIRTH (month, day, and year)	I last saw here alive op see 10, 1933; death is sai
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9.P. m.
52 // /J day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER	Date olonset
kind of work done, as SPINNER, Housew: Le SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Dee
work was done, as SILK: MILL, SAW MILL, BANK, etc.	Turpura Nemorrhagica 2
Kind of work done, as SPINNER, Course Cour	//933
12. BIRTHPLACE (city or town) X QQ QN SYOW N (State or country)	Other Coutributory Causes of importance:
13. NAME Marcus W. Allison-	
13. NAME Marcus W. Hlison- 14. BIRTHPLACE (city or town) Edens Durg	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME au or etta Stockslager	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME av or etta Stockslager 16. BIRTHPLACE (city or town) Haaex Stockslager (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT 8. Le 18 oy heahman	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL Place A Q L YS OWN. Wd Date Dec. 13, 19.33	Manner of injury
19. UNDERTAKER A. COXXMan (Address) Hagerstown. Md	24. Was disease or injury in any way related to occupation of deceased?
20. FILED le. 11, 13 Dlv. 1 ggrsen Registrar.	(Signed) M. (Address) Hagers town M.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

ate of onset	The principal cause of death and related causes	Date of onset
	of importance were as follows:	
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
uly 5,1927	Peritonitis	3 days ago
fav 1.1923	Other contributory causes of importance:	1 year
_	1921	1921 Run over by street car dy 5,1927 Peritonitis Other contributory causes of importance:

ECORD. PERMANENT CIL 国 stated should UNFADING INK-

STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF BEAT pluods Registration Dist. No. 36,3 County Village or City (If death occurred in a horpital or institution, give its NAME instead of street and number) Every PHYSICIANS How long in U.S. if of foreign birth? If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) Male widows (Day) (Year) 5a. 11 married, widowed, or divorced HUSBAND of HEREBY CERTIFY. That I attended deceased from (or) WIFE of certificate, 6. DATE OF BIRTH (month properl 7. AGE Months Days If LESS than to have occurred on the date stated above, at. F 1 dey,____hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, OCCUPATION SAWYER, BOOKKEEPER, etc ... may back 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and so that instructions occupation & 12. BIRTHPLACE (city or town) (State or country) supplied. terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town Name of operation plain (State or country) be carefully What test confirmed diagnosis?.. ----- Was there an autopsy?_ MOTHER important. 15. MAIDEN NAME 23. Il death wes due to externel causes (VIOLENCE) fill in elso the lollowing: OF DEATH 16. BIRTHPLACE (city or town) Accident, suicide, or homicide?_____ Date of injury _____ 19_ (State or country) Where did injury occur?____ (Specify city or town, county and State) plnods Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE Very (Address) 18. BURIAL, CREMATION, OR REMOY -WRITE Manner of Injury CAUSE mation LION Nature of injury. 19. UNDERTAKER (Address) If so, specify (Signed) (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased last worked at the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

of OCCUPA.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 12554
County Washington Village or City Hagerstown	Registration Dist. No. 302 No. 314 N. Jona than Street St. 5 Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Katie Lee (a) Residence: No. 314 N. Jonathan Street (Usual place of abode)	s
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Female Colored Single, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH December 29, 1933
5a. If matried, widowed, or divorced HUSBAND of (or) WIFE of	22. PREREBY CERTIFY. That I ettended deceased from 1933, to DUC. 29, 1933
6. DATE OF BIRTH (month, day, and yeer) Unknown 1879	I last saw h elive on, 19; death is seig
7. AGE Years Months Deys If LESS than 1 day,hrs.	to heve occurred on the date stated above, and the PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) Shepherds town (State or country) W. Va.	Coused by strains, from Congling, 29
(State or country) W. Va, 13. NAME James A. Lee 14. BIRTHPLACE (city or town) Unknown	hai Brenelilis, non-tufer-
(State or country) W. Va.	Name of operation Dete of What test confirmed diagnosis? Wes there an au'opsy? Lo
15. MAIDEN NAME Sidney Drew 16. BIRTHPLACE (city or town) Unknown (Stete or country) W. Va.	23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Sidney Hall, (Address) Hagerstown, Md.	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE Jana 2, 1934.	Manner of Injury
19. UNDERTAKER Fred W. Kraiss, (Address) Hagerstown Md	24. Was disease or injury in any way related to occupation of deceesed? If so, specify
20. FILED /- 2- , 1934 Clast Houses	(Signed) M. D. (Address) 2 45 No Sovenhau

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	CERTIFICATE OF DEATH 12555
1. PLACE OF DEATH	(81)
County Mashington	Registration Dist. No. 363
G Selection Al	B. M. Po 7.
Village or City Irlen Spring near Cleanspire	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or Jown where death occurred 20 yes mos.	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME John D. Long	
G(G)	Light Hedward.
(a) Residence: No. Muraase Near Mar (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINCLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White Married.	/ 4 , 1933
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
ducy M. tong.	1930 to plate , 1033
6. DATE OF BIRTH (month, day, and year) 3-1, 1872.	I last saw h Luce alive on Nov 30 1, 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$.0 9 m,
6/ -9 -0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	were as follows.
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Volight Suscare
9 Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc. Harmi	
10. Date deceased last worked at this occupation (month and spent in this 40	
year) occupation 4 0	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance.
(State or couptry.)	
13. NAME AMMERICAN	
14. BIRTHPLACE (city or town) Whanow.	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Willem our	23, If death was due to external causes (VIDL ENCE) fill in also the following:
I	Accident, suicide, or homicide? Date of injury, 19
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
1 111	(Specify city or town, county and State)
17. INFORMANT LUCY 911.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Fig Spring Md. 18. BURIAL, CREMATION, OF REMOVAL	
Place Treen Spring Chapple 12-3 - 1933	Manner of injury
D. 1 110	Nature of injury
19. UNDERTAKER Jychard M. Comas	24. Was disease or injury in any way related to occupation of deceased?
(Address) & Clauseig Mid.	If so, specify ————————————————————————————————————
20. FILED DOC 2 , 19. 23 4 W. Mary as	(Signed) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		SURKAU S. S. HENNIUS	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

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LY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every ite	carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sh	.TH in plain terms, so that it may be properly classified. Exact statement of	
RD	IXS	sta	
REC	PI.	Exact	
H	×		
NEN	CTI	sified.	
KW.	XA	clas	
E	国	>	te.
V	pa	per	fice
S	stat	pro	erti
HIS	be	pe	portant. See instructions on back of certificate.
H	plu	lay	ack
N-	ho	t m	pg 1
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M	efu	in	ant
LY,	car	TH	ort
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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Washington Registration Dist. No. Village or City Near Bakersville Md (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence In city or town where death occurred yrs. 1 f. f. mos. ds. How long in U. S. if of foreign birth? yrs. ______mos._ 2. FULL NAMEHQWard Milton Loveless Same (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED. 21. DATE OF DEATH OR DIVORCED (write the word) 10,1933 male single 5a. If married, widowed, or divorced HUSBANO of CERTIFY. That I attended deceased from (or) WIFE of ~XXXXXXXXXXXXXXXX 6. DATE OF BIRTH (month, day, and year) April 29-19 7. AGE If LESS than 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. Oate of onset 8. Trade, profession, or particular none work OCCUPATION kind of work dona, as SPINNER. SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work was done, as SILK MILL, home SAW MILL, BANK, etc 10. Oate decaasad last worked at 11. Total time (years) this occupation (month and spent in this if @ Other Contributory Causes of importance: Washington Co 12. BIRTHPLACE (city or town) (State or country) William Loveless FATHER 13. NAME 14. BIRTHPLACE (city or town) Virginia Name of operation. (State or country) What test confirmed diagnosis?_____ Was there an au'opsy?__ MOTHER 15. MAIOEN NAME Essie Loveless 23. If death was dua to axternal causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Virginia Accident, suicide, or homicida?______ Date of injury______ 19___ (State or country) Where did injury occur? mation should be (Specify city or town, county and State) William Loveless Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT Sharpaburg Md R.F.D. 18. BURIAL, CREMATION, OR REMOVAL Manner of injury LION Nature of injury Albert Leaf 19. UNDERTAKER (Address) If so, specify (Signed) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. Wo.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a elerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HURBAU Y. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP.	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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S. No. 1

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	SERVINIONIE OF BEATTI
	Pegistration Dist. No. 304
f	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
s.	ds. How long in U.S. if of foreign birth?yrsmosds.
4	on
	St., Ward.
I	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
-	21. DATE OF DEATH
	9) El 7 193 3.
-	(Month) (Day) (Year)
	22. HEREBY CERTIFY. That I attended deceased from
	Dec / 1933 to Dec 7 ,1933
-	I Jast saw h N alive on DEC 7 19 33; death is said
Contract of	to have occurred on the date stated above, at/m.
-	The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows:
	Wera as follows:
	DERA Cred 12/1/33
-	V
	Other Contributory Causes of importance:
-	A
-	Chronic mysearditis 1931
-	
-	Name ef operation Date of
-	What test confirmed diagnosis? Was there an aulopsy?
-	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide?
-	Where did injury occur? (Specify city or town, county and State)
	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
_	
i	Manner of injury
-	Nature of injury
-	24. Was diseasa or injury in any way related to occupation of deceased?
-	If so, specify
	(Signed) M. D.
ď	(Address) Attaceffect

If more Stanks are needed, address State Registrar, 2411 N. Charles Street, Boltsmore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURUAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURLAUVE				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

of OCCUPA-

Exact statement

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 12559
1. PLACE OF DEATH	11-0
County Washington	Registration Dist. No. 301
Village or City Williamsport Md	No. 18-11: 1 St. Ward
	(If death occurred in a holpital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth yrsmosds.
(a) Residence: No. Same (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Dec. 12, 1933 (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of R.G. Middlekauff	22. I HEREBY CERTIFY, That I attended deceased from Dec 5 19 33, to Dec 12 19 33
6. DATE OF BIRTH (month, day, and year) June 6, 1897	I last saw her alive on Dec 12 ,19 33; death is said
7. AGE 36 Years Months Days If LESS than 1 day,hrs ormin.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, HOUSEWORK SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, at home 10. Date deceased last worked at 11. Total time (years)	1. Francia Colular 13-8-35 2. Controles Belisonary, 12-17-3
this occupation (month and year) Nov 25/23 spent in this occupation life 12. BIRTHPLACE (city or town) South Mills	Dther Cautributory Causes of importance:
(State or country) N.C.	- Lesen 3a. 12-1-93
14. BIRTHPLACE (city or town) South Mills N.C.	Name of operation
(State or country) South Mills N.C.	What test confirmed diagnosis? Was there an eutopsy?
16. BIRTHPLACE (city or town) (State or country) R. G. Middlekauff	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFDRMANT Williamsport Md	
18. BURIAL, CREMATION, OR REMOVAL— Windustrated. Place Riverview Cem. Date Dec 15, 19-33	Manner of injury
19. UNDERTAKER Williamsport Md	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED Dec. 14, 1933. C. C. Bickard. Registrar.	(Signed) A.M. D. (Address) Male Man M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
SUBBLU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12560
1. PLACE OF DEATH	181-2
County (Esting long)	Registration Dist. No. 307
Village or City yarrows burg mo	L NoSt., Ward
Length of residence likity or own where death occurred 20 yk 18 mes.	death occurred in a hospital or institution, give its NAME instead of street and number) 4. ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Louise Mille	
(a) Residence: No.	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Franch 1. COLON OR RACE 5. SINGLE, MARRIED, WIDOWED, AND DIVORCED (write the word)	21. DATE OF DEATH 12 8 193 3 (Month) (Day) (Year)
5e. If merried, widowed, or diversal HUSBAND of William Miller	22. THEREBY CERTIFY. That I ettended deceased from 183 to SC 3 1033
6. DATE OF BIRTH (month, day, end year) Luly 26 = 1854	I lest sew h. 2 alive on Dic 3 19.33 death is seld
7. AGE Yeers Months Days If LESS then	to heve occurred on the dete steted above, at
79 4 /29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and raleted ceuses of Importence were as follows:
2 Trade profession or particular	Fractured Hip Date of proset 10 des ag
SAWYER, BOOKKEEPER, etc. SIndustry or business in which work was done, es STIK MILL, SAW MILL, BANK, etc 10. Dete deceesed last worked et this occupation (month and the same time) this occupation (month and the same time).	
10. Dete deceesed last worked et this occupation (month and year)	2
12. BIRTHPLACE (city of orm) Charles Calley (Steta or country)	Other Contributory Causes of Importance:
a 13. NAME four toffingitur	
14. BIRTHBLACE (city or town Villagrand Valley	Name of operation Dete of
(State of County) A County	Whet test confirmed diegnosis? Wes there en autopsy?
16. BIRTHPLACE (city or to Disa out Jallay	23. If death wes due to externel causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or told)	Accident, suicide, or homicide? Weller Dete of injury Mr 281933. Where did injury occur? A Rome Workington to Mid-
17. INFORMANT Mys Sarah Coblemts	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Places Year Town brung Dete 12=10, 1933	Menner of injury Fell from bad
19. UNDERTAKER CS Suchant Co	24. Wes diseesa or injury in any way releted to occupation of deceased?
(Address) Krudysville mas	If so, specify
20. FILED DEC 10th, 1933 Hoomelius H. Castle Weputy Registrar.	(Signed) 6 Q. Villager M. D. (Address) Aufus Fury W Va
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHY	ISICIAN
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		S	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH	561
	1. PLACE OF					17.	
	County	Na.sh	ington			Registration Dist. No. 3	
	Village or Cit	ty Dr	y Run Di	strict		No. St	Ward
			ty or town where de			f death occurred in a hospital or institution, give its NAME instead of street and nur sds. How long in U.S. if of foreign birth?yrsmos.	mber)
	2. FULL NAN	AE	Sarah M	av Mil		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(a) Residence	e: No	Same			St., Ward.	
ARLESS OF	,			(Usual place	of abode)	If nonresident give city or town and Si	ale
			D STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	female		R OR RACE		RIED, WIDOWED.) (write the word)		193
5a	. If married, widowe	d, or divo	rced			(Month) (Day)	(Year)
	HUSBAND of (or) WIFE of	n	one			1 HEREBY CERTIFY That I attended de	ceased from
6.	DATE OF BIRTH (n	nonth, dev	, and year) Ma.	v 4. 19	33	Hast saw hum alive on Dec. 6 1933.	death is said
	AGE Years		Months	Days	If LESS than	to have occurred on the date stated above, et	
			7	3	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
~	8. Trade, profess kind of wo	ion, or pa	articular		j oimin.	were as follows:	Date of onset
0	kind of wo	ork done, BOOKKEE	as SPINNER, PER, etc	non	e	Atonchial Prumonia	11. 22 - 32
OCCUPATION	9, Industry or bi	usiness in	which				(1-22-00
CUI	SAW MILL	, BANK, e	SILK MILL, etc				
00	10. Date deceased this occupa year)				me (years) tin this pation		
12	. BIRTHPLACE (city (State or count	,	Washing	ton Co	¥d	Other Contributory Causes of Importance:	
2	13. NAME	Haro	old Mill	g			
FATHER				0			
FA	14. BIRTHPLACE (wn) Frank	lin Co	Da	Name of operation Dete of	
œ	15. MAIDEN NAM		Helen C			What test confirmed diagnosis? Was there an au'd	opsy?
MOTHER	13. MAIDEN NAM	it .	neren o	arvaugn		23. If death was due to external causes (VIOL ENCE) fill in also the following:	
0	16. BIRTHPLACE (wn)	lin Co	D	Accident, suicide, or homicide? Date of injury	, 19
	(State or o	, ,			Pa	Where did injury occur? (Specify city or town, county and State)	
Mrs Harlod Mills (Address) Clearspring Md R.F.D.					.F.D.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	E.
	BURIAL, CREMATE					Manner of injury	
M	enmonite	-Cer	.Clears	poming_D	ec. 9, 19.33	Nature of Injury	
		Albe	rt Leaf				2 45
19	UNDERTAKER		lamspor	t Md		24. Wes disease or injury. In any way related to occupation of deceased?	
20.	FILED OC	_	9.33 9.0	e M	may	(Signed) Tree To ose	M. D.
			(X	574	A Registrar/	(Address)	

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADI ADI	DITIONAL SPAC	E FOR FURTHER STATEMENT	TS BY PHYSICIAN	1 2001
au	- no in alion	of brithplace me	um qua	man Mill

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-TION is very important. See instructions on back of certificate.

	CERTIFICATE OF DEATH	2562
1. PLACE OF DEATH	930	7
County Washington	Registration Dist. No. 3.0	
Village or City Samples. Manor-	No. St., death occurred in a hospital or institution, give its NAME instead of street and i	number)
	ds. How long in U.S. If of foreign birth?yrsm	
2. FULL NAME Samuel Boyer Mor	rean	
(a) Residence: No. Samples Mano	St., Ward.	
(Usual/place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
male white OR DIVORCED (write the word)	hec 10	, 193
5a. If married, widowad, or divorcad HUSBAND of	(Month) (Day)	(Yaar)
(or) WIFE of martha 1. Mongan.	22. I HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day, and year) 411 22 1859	10-10-10-10-10-10-10-10-10-10-10-10-10-1	2; daath is sald
7. AGE Yaars Months Days tf LESS than	to have occurred on the date stated above, at & m.	-, Geath is said
74 9 /8 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causas of importanca were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, A TA Beautah	myocarditis	Star of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	00 1 0 0	
work was done, as SILK MILL, SAW MILL, BANK, etc/c	Elleral Remorrhage	10 da 290
10. Data dacased last worked at this occupation (month and		
yaar) 1939 occupation 30 yrs	Other Contributory Causes of importance;	-
12. BIRTHPLACE (city or town) of		-
(State ar country) (State State Office)		
13. NAME William & montan		
(Stata or country)	Name of operation Date of	. 510
15. MAIDEN NAME GIBRAURET Bayer.	What test confirmed diagnosis? Was there an a 23. If death was due to external causes (VIOLENCE) fill In also the following	
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide?	
(State or country) marmatury 10 Va,	Whera did injury occur?	
17. INFORMANT MIR M. 1: Monclan	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	ACE.
(Addrass) HOYEWY FEWY 17, 60 17.		
Place camples Maner Bate Dec 13,1933	Manner of injury	
of the action	Natura of Injury 24. Was disease or injury In any way ratatad to occupation of daceased?	740
19. UNDERTAKER A BOLOVOR WITH	If so, specify Ω a Ω	
20, FILED DEC 12th 1933 Cornelius H. Castle	(Signad) 6 6 Johnson	M. D.
DESlety Registrar.	(Addrass) Harpers turry W	1 Va
If more blanks are heeded, andress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		CONTRACTOR AND	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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state

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. How long In U.S. if of foreign birth?_____yrs.____mos.____ds. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of 22. CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Years If LESS than to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.____ CCUPATION Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc 10. Oate deceased last worked at 11. Total time (years) this occupation (month and spant in this spant in this 50 gr 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME (State or country) What test confirmed diagnosis?.. MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? (State or country) Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of Injury 24. Was disease or injury 19. UNDERTAKER (Address) If so, specify (Signed)

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3 CAUSE TION

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JAN B 1934			
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-	-WRITE	mation
V. S. No.	B.	-
> 23	ż	

County Mehingley.	Registration Dist. No. 305
	NoSt.,W. f death occurred in a hospital or institution, give its NAME instead of street and number)
01:11	sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME STITLE MORES	
(a) Residence: No(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE OR DIVORCED (which the word) Letter Course That Course the word)	21. DATE OF DEATH (Month) (Day) (Year)
B. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased f
DATE OF BIRTH (month, day and year) Dec 5, 1933	Still league 1933, to Dec. of 193
AGE Yaars Months Days If LESS than	I last saw h alive on ; death is so to have occurred on the date stated above, at , , , ,
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Still loge 2 mer.
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occuration (month and	Vreguezy
10. Date deceased last worked at this occupation (month and year)	0
2. BIRTHPLACE (city or town) Bases hom. Inc.	Other Coutributory Causes of importance:
13. NAME There of the state of	Nama of operation Date of
15. MAIDEN NAME Ella E. Jean 16. BIRTHPLACE (city or town) Daniel 1970	What test confirmed diagnosis?
16. BIRTHPLACE (city or town) Basics Legro (Stata or country)	Accident, suicide, or homicida? Date of injury, 19
7. INFORMANT Glean A. Moder (Address) Danes wars. mt	Where did injury occur?
B. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa0ata,19	Nature of injury
UNDERTAKER No undertaker (Address)	24. Was disease or injury in any way related to occupation of decaased? No
), FILED, 19	(Signed) Saguest Make M. (Address) Sagues Conv. Md.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA.

be properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

County Registration Dist. No. 30 b No. No. No. How long in U.S. If of foreign birth? yers in NAME instead of street and number) Langth of residence in city or fown where death occurred. yers. mos. ds. How long in U.S. If of foreign birth? yers. mos. ds. How long in U.S. If of foreign in U.S. I	STATE	OF MARYLAND-	CERTIFICATE OF DEATH	2565
Village or City Length of residence in city or fown where death accurred. Vys. mes. ds. How long in U.S. If of foreign birth? Vys. mos. ds. How long in U.S. If of foreign birth? Vys. Long in U.S. How long in U.S. How long in U.S. How long i	1. PLACE OF DEATH	7	93.6	
Length of residences in city of town where death occurred. yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. Ds. How long in U.S. If of foreign birth? yrs. mos. h	County Clasking	low	Registration Dist. No.	16
2. FULL NAME (a) Residence: No.	Village or City Lung.	solved and	No. St., death occurred in a hospital or institution, give its NAME instead of street and	
(a) Residence: No. Many (Usual place of a bode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED OR DIVORCED which the wind? 5. If married, widowed, or divorged for by the or divorged	Length of residence in city or town	//		
(a) Residence: No. Many (Usual place of a bode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED OR DIVORCED which the wind? 5. If married, widowed, or divorged for by the or divorged	2. FULL NAME Mes	Sorale a Mu	wower	
PERSONAL AND STATISTICAL PARTICULARS 3, SEX	V	(Usual place of abode)		d State
So. If married, widowed, or divorged HUSBAND or Gray Wife of Gray Wife	PERSONAL AND STAT	TISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
55. If married widowed, or divorped HUSBANC (Cor) WIFE of Cory WIFE of	3. SEX 4. COLOR OR RAC	OR DIVORCED (write the word)	Dec 5	, 1953
HUSBAND of Cory Wife of Cory Wi	5a. If married, widowed, or divorced	2	(Month) (Day)	(Year)
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SANYER, SANY	HUSBAND of	. Hucomer	1 2.	deceesed from
TAGE Years Months Days If LESS than 1 day		×2,		3 ; death is said
8. Trade profession, or particular Red Of work dome as SPINNER, Advisor work dome as SPINNER, Advisor was done, as SILK MILL, SAK MILL, SAK, etc. 10. Date deceased lest worked at this occupation months and year) 12. BIRTHPLACE (city or town) (Sate or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL Place (Reddress) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. Sate of country (Signed) 19. UNDERTAKER (Address) 19. Was disease or injury in eny way related to occupation of deceased? 18. So specify (Signed) (Signed) (Address) M. D. (Signed) (Address)		hs Days If LESS than	to have occurred on the date steted above, at 30 fm.	
3. Trade profession or particular and of work done as SPINNER SAWTER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWTER, BOOKKEPER, etc. 10. Date deceased lest worked at spant in this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 20. FILED 20. Specify (Signed) M. D (City or town) (Signed) M. D (Address) M. D (Address) M. D (Address) M. D (Address) M. D	91		The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
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10. Date deceased lest worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stale or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 20. FILED 20. FILED 20. FILED 20. FILED 21. Total time (years) spent in his occupation City of town) (State or country) City or town) (State or country) What test confirmed diagnosis? What test confi	9. Industry or business in which		Townships arterior	1933
Description of the contributory Capaces of importance: Contributory Capaces of importance: Contributory	10. Date deceased lest worked at this occupation (month and	11. Total time (years)	Schrosio	1730
(State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL (Address) 19. 33 36. FILED 19. OR FREGUERATE (Address) 10. FILED 10. State or country) 11. NAME 12. INFORMANT (Address) 13. NAME Name of operation What test confirmed diagnosis? Was there en autopsy? Accident, sulcide, or homicide? Date of injury Where did injury occurr? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury 15. Was disease or injury in eny way related to occupation of deceased? 16. Specify (Signed) (Address) M. D Registerar. (Address)	13-	P.	Other Contributory Cyases of importance:	
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15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL (Address) 19. UNDERTAKER (Address) 20. FILED 21. MAIDEN NAME 22. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide? Date of injury	14. BIRTHPLACE (city or town)	or Knygold	Name of operation Dete of	1
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Place y and Date Tax, 19.23 Nature of injury 19. UNDERTAKER (Address) 24. Was disease or injury In eny way related to occupation of deceased? If so, specify (Signed) (Address) (Address) (Address) (Address)			Manner of injury	
(Address) Smith buy for first (Signed) for for first (Address) (Address) (Address) (Address)	Placery gold Camel	Date the 700, 19.23	, _	
20. FILED Co c 6, 1933 Bert terger (Signed) of the Color M. D. Carlotte Congression (Address)		8. Hoover		M
	1/2 / 23	Geoff Ferguer	(Signed) for the other	M. D.
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V. S. No. 1

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
SURBAU V. S.			
Other contributory causes of importance:	,	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
Sounty Washington	Registration Dist. No. 302
Village or City Aa gelstown	No. 625, Mulberry St St., 4 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
211:00. 1 01	one.
(a) Residence: No. 6 25 Mulberry	St., 4 Ward.
(Usual place of abode	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of	(month) (bay) (lear)
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h in alive on A 1979 : death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5.30 Pm.
73 11 12 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc. aspender	
kind of work done, as SPINNER, Carpenter SAWYER, BOOKKEFPER, etc. 9. Industry or business in which work was done, as SLIK MILL. SAW MILL, BANK, etc. 10. Date deceased last worked at this cerusalton (month and	artiss selemis /925
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 7	
12. BIRTHPLACE (city or town) Smithburg	Other Contributory Causes of importance:
(State or country) Md.	Jasho Hemmhage
13. NAME David Newcomer 14. BIRTHPLACE (city or town) Smithing	
14. BIRTHPLACE (city or town) Smulhung (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Bastrara a Shank 16. BIRTHPLACE (city or town) - Smithing	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Miss Conne My Newcomer (Address) He grant Trum Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place deitersling Md. Date Dec 20, 1933	Nature of injury
19. UNDERTAKER Scott 7. Minnight Son	24. Was disease or injury in any way related to occupation of deceased?
(Address) Dagustomy Md.	If so, specify
20. FILED /2-19-, 1933 blast Bowers	(Signed) M. D.
Registrar.	(Address) Haguist Ing

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12567
1. PLACE OF DEATH	
county Mashington	Registration Dist. No. 30 Z
Village or City K Q 407 Stown	No. 126 W. Beltel St., 5 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds How long In U.S. if of foreign birth?
2. FULL NAME Maxia Dickens	
(a) Residence: No. 126 W- Bethel	St., 5 Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 3. SEX S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Dec. 18
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of	22. I HEREBY CERTIFY, That Lattended deceased from
Charles.	1924, to Dec 18 , 1933
6. DATE OF BIRTH (month, day, and year) \\ \(\mathread{7} \triangle 3 - 1859	I last saw h alive on _ Se 1 C, 1933; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
74 \\\.5 \ \\\.5 \ \\\.1 \\\.5 \ \\\.1 \\\.5 \\\.1 \\\.5 \\\.1 \\.1 \\.1 \\.1 \\\.1 \\.1 \\\.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were spollows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Chunic Mart. 7. Repliete 2400
SAWYER, BOOKKEEPER, etc. TOUSe wys	Chronic Nyoca Sitis Syrac
work was done, as SILK MILL, SAW MILL, BANK, etc.	9
0 10. Date deceased last worked at 11. Total time (years)	Len. Certasclavono with The
this occupation (month and 1933 spant in this occupation 40445	Hy farancy!
12. BIRTHPLACE (city or town) Knox ville	Other Contributory Causes of Importance:
(State or country)	
13. NAME Levi Drown.	
14. BIRTHPLACE (city or town) K M D X Uille	Name of operation Date of
(State of County)	What test confirmed diagnosis? Was there an autopsylvo
15. MAIDEN NAMEL Q XX i ett 16. BIRTHPLACE (city or town) - X x & X ville	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) The X Ville	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT MYS Daisy Nickens	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Haacks twn md. 18. BURIAL, OREMATION, OR REMOVAL LUJ	
Place 10 4 exstrum. Date 20, 1933	Manner of injury
DK On;	Nature of Injury
19. UNDERTAKER H. M. COXY Magu (Address) Harry Stown Ma	24. Was disease or injury In any way related to occupation of deceased
(Address) Hageys Town. Md.	If so, specify Difference Comments of the comm
20. FILED 177-, 120 May 1 100000	(Signed) W. D.

Registrar. (Address) / 40 to . com m. 140 If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

CAUSE mation

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19. UNDERTAKE (Address)

state

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

24. Was diseasa or injury in any

(Address)

(Signed)

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
1	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER ST.	TATEMENTS BY	BY PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SP	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH	2570
1. PLACE OF DEATH	59)	
County Was Lungton	Registration Dist. No.	0 2-
Village or City Haz en Town Turd.	No. 402 Miletall St., death occurred in a horpital or institution, give its NAME instead of street and r	Ward
Length of rasidence in city of town whare death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?	osds.
2. FULL NAME Kenneth Jean R.	epp	
(a) Residence: No. 402 mitshell fore,	St., 5 Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male. 4. COLOR ON RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (WITE THE WORD)	21. DATE OF DEATH (Month) (Day)	, 193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended Les 14, 1933, to the 15	
6. DATE OF BIRTH (month, day, and year) 4-5-1919	I last saw h Lim aliva on lecc. 15 1933	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	
14 10 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	706
9 Trade profession or particular	Dialotes m.	1931
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	nephritis chame Inter,	1933700
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and second in this second in this		
10. Data deceased last worked at this occupation (month and year)	Other Contributory Causes of importance:	12.13.33
12. BIRTHPLACE (city or town) Sellinos (State or country)	Lobas Tuemang	
13. NAME Carrest Reps.		
13. NAME Carrest Reps. 14. BIRTHPLACE (city or town) Marsland.	Name of operation Date of What test confirmed diagnosis?	utana ho
15. MAIDEN NAME Clive Mr. Hart.	23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME Clive M. Hart, 16. BIRTHPLACE (city or town) (State or country) Manual	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT MAS. Earnest Regap. (Address) 402 Mutchell are Hog Mid.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL Malleyoate /2-18-, 1933,	Manner of injury	
19. UNDERTAKER Sichard M. Comado (Address) Clearspine Mid.	24. Was disease or injury in any way related to occupation of deceased?	no
20. FILED /2-16-, 1933 Charff Boncorb Registrar.	(Signed) A. Robert Wells (Address/ 5 M. Pelance Mages	colored of
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.	-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

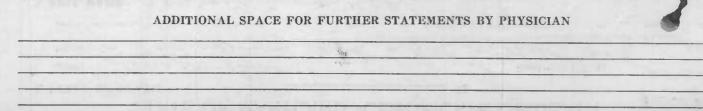
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	- li		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes Date of importance were as follows:		Date of onset
Arteriosclerosis	1915	Attack of epilepsy	DEGLE NAL	1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	GEVIESSE	3 days ago
Other contributory causes of importance:		Other contributory	causes of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year



A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
state UPA.	1. PLACE OF DEATH .	940
ould	County / resumption + -	Registration Dist. No. 362
should of OCC	Village or City Company of magazination	No. Weshington Co. Vorug St., 5 Ward
		death-scurred in a hospital or institution, give its NAME instead of street and number) ds. How long in W.S. if of foreign birth?
PHYSICIANS act statement	2. FULL NAME LAWUS A ROBRES	
SIC	(a) Residence: No. Workmoton C. Dome	St., 5 Ward.
HY t s	(Usual place of abode)	If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
LY.	3, SEX 4. COLORD R RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
C T I	5a. If married, widowed, or diverced Bull Rouver	22. I HEREBY CERTIFY. That I attended daceasad from
X A C	(or) WIFE of	Dele 9 1933 10 Dec 9 1933
	6. DATE OF BIRTH (month, day, and year) 12 = 25 = 1854	Hast saw has alwo on One 9' 1935; death is said
erly ica	7. AGE Years Months Days If LESS than	to have occurred on the data stated above, atm.
stated E properly certificate	79 16 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
be is of co	8. Trade, profession, or particular kind of work done, as SPINAE SAWYER, BOOKKEEPER, etc.	acule Coronary
	✓ I M. Industry or business in which	Embolus / Sudde
should it may n back	SAW MILL, BANK, atc	
0 4	O this occupation (month and spant in this	
AGE that ions o	year) occupation occupation	Other Contributory Causes of importance:
se se	12. BIRTHPLACE (city or town)	arlens Sclewars ?
supplied n terms, ee instru		
upp ter e ir		Name of operation Date of
- ~ ₹	14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Plag & Was thera an autopsy?
carefully FH in pla ortant.	IS. MAIDEN NAME ANTICO THE SHORTEN	23. If death was due to external causes (VIOL ENCE) fill in also the following:
be careful EATH in p important.	o I6. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
, C.	(State or country)	Where did injury occur? (Specify city or town, county and State)
should be can OF DEATH s very import	17. INFORMANT AND WALLE AND WAR (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, OREMATION, OR REMOVAL THE	Manner of injury
I +	Place that A Vumpata 2 11933	Nature of injury
mation s CAUSE TION is	19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased? 220
	20. FILED 12-9-, 1933 6 Hast Bowers	(Signed)
(T)		(Address) A Charles Street, Baltimore, Realesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FUR	THER S.	TATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		@
County Cu as him Village or City Tage	ton Clash	Registration Dist. No. 302 No. St., 3 Ward f death occurred in a hospital of institution, give its NAME instead of street and number)
Length of residence in city or town when	re death occurredyrsmos	s1ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME	Want Rober	
(a) Residence: No.	(Usual place of abode)	St., Ward.
PERSONAL AND STATIS		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH
Female White	OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of		
(or) WIFE of	ngle	1 HEREBY CERTIFY Thet I attended deceased from 1933, to 1933
6. DATE OF BIRTH (month, day, and yeer)	Dec. 7-19.33	I last saw h. E.A. alive on STILLEBORN 19 deeth is said
7. AGE Years Months	Oays If LESS than	to have occurred on the date stated above, et 12. No 0
	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER,		Data of one et
SAWYER, BOOKKEEPER, etc	None	STILL BORN-
9. Industry or business in which work was done, es SILK MILL.		
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (yeers)	attraction appropria
12. BIRTHPLACE (city or town)	austone	Other Contributory Causes of Importance:
(State or country)	C. Ind.	
13. NAME Carence	Police	
14. BIRTHPLACE (city or town)	y. Carmel	Name of operationOete of
(State of country) Was	le Co. mid	What test confirmed diegnosis? Wes there an au'opsy?
16. BIRTHPLACE (city or town)	moser	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town)	u Booustons	Accident, suicide, or homicide? Date of Injury, 19
E (State or country) Wa	she. Co. mid	Where did injury occur?
17. INFORMANT C Vareuce	Roller	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Keedaa	ille mid.	
18. BURIAL, CREMATION, OR REMOVAL	0	Manner of Injury
Placed ocual Iro	The Oate 1 18 1933	Neture of Injury
19. UNOERTAKER COMPANY (Address)	Jast Kon	24. Was diseese or injury in any way related to occupation of deceased?
20. FILEO /2-7- 1933	Morphowe	(Signed) 11/3. Anafree M. P.
, , , , , , , , , , , , , , , , , , ,	Registrar.	(Address) Boare Kon mig.
If mo	re blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
	- "
Run over by street car	
	1 week ago
27 Peritonitis	3 days ago
Other contributory causes of importance:	
923 Gastroenteritis	1 year
	Other contributory causes of importance:

	state	STATE OF MARYLAND—	CERTIFICATE OF DEATH 12573
	infor- state UPA.	1. PLACE OF DEATH ,	707
1	tem of infor should stat if OCCUPA	County / asking on Village of City Can Miring (Plain	Registration Dist. No. 303
)	.= 0		death occurred in a hospital or institution, give its NAME instead of street and number)
	NS ont	Length of residence In city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
	Every restriction of the statement	2. FULL NAME Mances Erlene Now	land
	D. SIG	(a) Residence: No. Clear Gring Me	St., Ward.
		(Usual place of abode)	If nonresident give city or town and State
	RECC PF Exact	PERSONAL AND STATISTICAL PARTICULARS 7 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	Y. E	F OR DIVORCED (write the word)	2. DATE OF DEATH DEETT 193 3
D	T L ed.	· Constitution	(Month) (Day) (Year)
BINDING	NOE	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
N.	EXA EXA class	6. DATE OF BIRTH (month, day, end year) See 9th 1933	I last saw h = 24 alive on Dec 26 2 , 1933; death is seid
- 3	0. ====	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \mathcal{A} m.
OR	IS A I stated proper	- /8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
H	20	8. Trede, profession, or particular	Date of onset
03	HI	kind of work done, as SPINNER, ZOOLE SAWYER, BOOKKEEPER, etc.	lap mouchiles
2	should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
RESERVED	30 .5		
思	AGE SI that it ons on	O 10. Date deceased last worked at this occupation (month and year)	
	NFADING oplied. AGI erms, so tha instructions	a marini con in Mandaud	Other Contributory Causes of Importance:
GIN	d. d.	12. BIRTHPLACE (city or town) / Varyalan (State or country)	
RG	ITH UNFA	13. NAME Quio James Koroland.	
A	H Ul supplied the second	13. NAME aus James Rowland. 14. BIRTHPLACE (city or town). Md	Name of operetion Date of
5	= ro	(State of country)	What test confirmed diagnosis? Was there an autopsy?
	WITE efully in plai	15. MAIDEN NAME Winnie Way Clopper 16. BIRTHPLACE (city or town) MA	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
		16. BIRTHPLACE (city or town) MA	Accident, suicide, or homicide? Date of injury19
	INLY be ca sATH mpor	State or country)	Where did injury occur?
	E PLAINLY, should be cal OF DEATH s very import	17. INFORMANT Unos Provoland (Address) Plan Mil.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
		18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
		Place Mans Walley Date 12/28 , 1933	Nature of injury
	-WRITE mation s CAUSE TION is	19. UNDERTAKER Dichard II. Corrado.	24. Was disease or injury in any way related to occupation of deceased?
No. 1	[EOF	(Address) Clar spring Md.	If so, specify
. is.	E E	20. FILED DEC 28, 1933 Que Nunay	(Signed)
	" hid.	Registrary Registrary	(Address) Clar offing Mg
	. 4	11 more planks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	ş	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH		. (23)	1200
County Washing	hy	Registration Dist. No	57 20
Village or City / Slave War	Ge Summeh,	No. St., f death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in city or town where		ds. How long in U.S. If of foreign birth?	
2. FULL NAME Serth	a Schneider		
(a) Residence: No.	1st are	St., Ward.	
PERSONAL AND STATIS	(Usual place of abode)	If nonresident give city or town and	State
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	-
Ox. W.	OR DIVORCED (write the word)	(Month) (Day)	7, 193 <u>3</u> (Year)
5a. If married, widowed, or divorced HUSBAND of	1		
(or) WIFE of		22. I HEBEBY CERTIFY. That I attended	deceased from
6. DATE OF BIRTH (month, day, and year)	tor, 5th 1892	I last saw h LV alive on DLC 28 H , 193	
7. AGE Years Months	Days If LESS than	to heve occurred on the date stated above, at 1:30 p.m.	
411	23 1.day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER,	Hunal	(T)	100
AWYER, BUUNNEEPER, etc.		Juverculoses of the	1900
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and		Respiratory Sent Em	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spant in this occupation		
al.	At- in 11	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	Will.	Cone	
II 13. NAME Louis	Schneider	35V-35 3400	
14. BIRTHPLACE (city or town)	Crarea	Name of operation Date of	
(Stata or country)	1911	What test confirmed diagnosis?	autopsy? 140
15. MAIDEN NAME Margare	in cost	23. If death was due to external causes (VIOLENCE) fill in also the followin	
16. BIRTHPLACE (city or town)	anchester	Accident, suicide, or homicide?	, 19
long in the	a Schweid.	Whera did injury occur? (Specify city or town, county and Sta Specily whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ite)
17. INFORMANT PHOSA OFFICE CONTROL (Address) Blut Pilat Summit		opens, manor injury social in industrit, in nome, of in robert 12	.noL.
18. BURIAL, CREMATION, OR REMOVAL	Dec 30 33	Manner o1 injury	
Place Additional Place	Date /2005 3 , 1933	Nature of Injury	
19. UNDERTAKEN & LOVE	gu tan	24. Was disease or injury in any way related to occupation of decaased?d.	20
(Address)	mong in	If so, specify Swarzol	
20. FILED DEC 27, 1933	O Negistrar.	(Signed) Blass Ridgel Summer	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy .	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		PECETVED	
Other contributory causes of importance:		Other contributory causes of importance:	TAIL
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(210-m)
County Washington	Registration Dist. No. 30 Z
Village or City VA Q Q VS Q LAN	No. Mash (o Hospital - st. 3 War
Length of residence in city or town where death occurred yrs.	f death occurred in a hospital or institution, give its NAME instead of street and number) s,ds. How long in U.S. if of foreign birth?yrsmosd
0 1 12 1	
2. FULL NAME Dam well Tobert	Serena. State 1 1 120
(a) Residence: No.3 4 W a brook 4 co. (Usual place of abode)	St., Ward. Mand State If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDD WED, OR DIVORCED (write the word)	21. DATE OF DEATH
male While Single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended decaasad fro
(or) WIFE of	12. 1 HEREBI CERTIFI, mat 1 attended deceased 110
6. DATE OF BIRTH (month, day, and year) Duce 3 3-1912	I last saw harman aliva on 12-3- 19-3; death is sa
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 11:30 Pm.
2 1 5 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	Jane 01 01180
SAWYER, BODKKEEPER, etc	Chromotic neumothoray 1/2/
work was done, as SILK MIES Tudent Geltysbury	
U 10. Data deceased last worked at 11 Total time (years)	The Current
o this occupation (month and year) Dec 5 1933 spent in this occupation	
12. BIRTHPLACE (city or town) Con a	Dther Coutributory Causes of Importance:
(State or country)	
13. NAME Samuel H Sevena	
13. NAME Sound H Sevena 14. BIRTHPLACE (city or town) 1 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Nama of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME May gard 6 Borney 16. BIRTHPLACE (city or town) New York Cell;	
O 16. BIRTHPLACE (city or town) New Que Calcy (State or country)	Accident, suicide, or homicide? Data of injury, 19
0	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT A COLUMN TO SE Y ELLA (Address)	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL BREMATION, OR REMOVAL	Manner of injury
Place 1: 2 will M-s, Date Dec 6, 1933.	- Nature of injury
19. UNDERTAKER A. K. COXX man	24. Was disease or injury in any way related to occupation of deceased?
(Address) Lagerstown. md	If so, specify
20. FILED /2-6- 1933 Charth Sowers	(Signed) W. Sull M.
Registrar.	(Address) fegushe and
T If more blanks ore needed, address State Registrar,	2411 N. Charles Street, Baltimore, Kequesting V. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Registrar.

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(Address) __

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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		OF MARYLAI	CERTIFICATE OF DEATH 12576
County Village or	Vashing!	Moring n	JI. Wa
Length of r 2. FULL N (a) Resid	P. 10	death occurred yrs. Deliver will Mig Pa (Usual place of Abode)	(If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth? yrs. mos. PO St. Ward. If nonresident give city or town and State
PERSC	NAL AND STATIST	ICAL PARTICULAR	MEDICAL CERTIFICATE OF DEATH
3 SEX France	4. COLOR OR RACE	5. SINGLE, MARRIED, WID OR DIVORCED (write the Married	0. 21. DATE OF DEATH
5e. If merried, wid HUSSAND of (of) WIFE of	wed of divorced was photos	us	22. I HEREBY CERTIFY. Thet I attended deceased fr
7. AGE	ears Months	Days If LE: I day,	. hrs. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
9. Industry of work of this oc	ILL, BANK, etcsed tast worked at supation (month and	II. Total time (years)	Date of one Date o
12. BIRTHPLACE (State or co		d-A-)	Other Contributory Causes of importance:
I4. BIRTHPLA (Stete	CE (city or town)	- General	Name of operation Date of What test confirmed diegnosis? Wes there an eulopsy?
	E (city or town)	Med	23. If deeth was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT (Address) 18. BURIAL, CREM		I peto Dec 5.	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury Nature of injury
19. UNDERTAKER . (Address)	WW Faar	Ne no ma	24. Was disease or Injury in eny way related to occupetion of deceased?

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
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V. S. No. 1

1.	STATE O	F MARYLAND-	-CERTIFICATE	OF DEA	IH]	251
1.	County Coshing	on ?	<u> </u>	Registration I	Dist. No. 3	11,
	Village or City Vilghy	auton ma	NoNoccurred in a hospital or institu	tion give its NAME	St.,_	J
	Length of residence in city or town where de		s. 16 ds. How long in U.S. If o			
2.	FULL NAME CHAPLES	2 mille				
	(a) Residence: No.	(Usual place of abode)	St., Ward.	If named days		. 10
-	PERSONAL AND STATISTIC		MEDICAL C	ERTIFICATE	OF DEATH	
3. SE		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Porte the word)	21. DATE OF DEATH	12	16	, 193.7
5a. 1	f married, widowed, or divorced	Google		(Month)	(Day)	(Ye
	HUSBAND of (or) WIFE of	V	22. HEREBY	CERTIFY	Y. That I attende	ed deceased
	2	11-0201922	12-10	, 195 - to	2-12	, I2.
6. Da	ATE OF BIRTH (month, day, and yaar) GE Years Months	Days If LESS than	I last saw halive on	Z:	36p	; death
	6	1 day,hrs.	to have occurred on the data state The PRINCIPAL CAUSE OF DEAT		s of importance	
LT	8. Trade, profassion, or particular	ormin.	were as follows:	0	,	Dateo
NO	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	nonu	Whorking	(swall		12-
PAT	Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Mana		(
200		Cur				
ŏ	10. Data deceased last worked at this occupation (month and year)	II. Total tima (yaars) spent in this occupation				
	Tilab	oc.apation	Other Contributory Causes of impo	ortance:		
12. E	(State or country)	mounon m	Paralli Va	4		/4
2	13. NAME COCIGAT Sun	110	Journal John	ano.		/2-
E		151 MN				
F	14, BIRTHPLACE (city or town) (State or country)	00	Name of operation		Date of	
2	15. MAIDEN NAME Halun	Havis-	What tast confirmed diagnosis?		Was thara a	
MOTHER	16. BIRTHPLACE (city or town) Tela	man martans	23. If death was due to external cau			
X	(State or country)	LCO	Where did injury occur?		ate of injuly	, 19.
17 11	NFORMANT MYS Helen	-Davis-	Specify whathar injury occurred in	(Specify city or to	own, county and S	tate)
	(Address) Jan Plan	mol				
18. B	BURIAL, CREMATION, OR REMOVAL	17410	Manner of injury		*****	
	Place	Acasto 1 47 8 , 1933	Natura of injury			
19. U	UNDERTAKER A A SALLY (Address) A GARANTS	illy ma	24. Was diseasa or injury in any w		tion of decaased?	A
20. F	FILED DCC. 16 , 1933, 1 1	S. Bloocels. Registrar.	(Signed)	Shalm	1, Do	ds

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BURNAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		<u>L </u>	

ADDITIONAL SPACE FOR F	FURTHER	STATEMENTS	BY	PHYSICIAN
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certificate.

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See instructions on

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12. BIRTHPLACE (city or town) Williamsport Md

Williamsport

Joseph Nowell

(State or country)

13. NAME

19. UNDERTAKER

(Address)

PHYSICIANS should state

OCCUPA-

	STATE C	F MAR	YLAND-	CERTIFICATE OF DEATH 12578
1. PLACE OF	F DEATH			- Tur
Village Dr Ci	Washingto	n co H	- (If	Registration Dist. No. St. Sward (Hagerstown Md) St., Sward death occurred in a horpital or institution, give its NAME instead of street and number) 2 ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAM	ME Rena Soc	ks		St Ward
		(Usual place		If nonresident give city or town and State
	AL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
female	4. COLOR OR RACE White	5. SINGLE, MAI OR DIVORCE	RRIED, WIDOWED,	21. DATE OF DEATH Dec. 30 1933 193 (Year)
5a. If married, widowe HUSBAND of (or) WIFE of	ded, or divorced George	Socks		
6. DATE OF BIRTH (month, day, and yeer) Se	pt. 21,	1889	I HEREBY CERTIFY, That I attended deceased from 1935, to 30, 1935 I last saw have alive on 30, 1935; death is said
7. AGE Year	Months 3	Days 9	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at
SAWYER, 9. Industry or b work was	and the state of t	Housewo	(-1	Defoust Julinanauf 12-26-20.
	d last worked at Dec	TO spe	ime (years) life	

Dther Coatributory Causes of importance:

24. Was disease or injury in any way related to occupation of deceased?

FATHER 14. BIRTHPLACE (city or town) Williamsport (Stete or country) What test confirmed diagnosis?_ MOTHER Carrie Shoemaker 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: Maryland 16. BIRTHPLACE (city or town) Accident, suicide, or homicide?_____ (State or country) Where did injury occur? George Socks (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Williamsport (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury PlaRiverview Cem. Date Jan 2 Nature of injury Albert

Md

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. z.

If so, specify (Signed)

(Address)

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Cerebral hemorrhage	FEB. 6 Link	July 5,1927	Peritonitis	3 days ago
	BURLAU & S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

	inf	st	UP	
	Jo	plu	CC	
	tem	sho) j(
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inf	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should st.	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP	
	RD.	YSI	stat	
)	RECO	. PH	Exact	
	NT	LY	d.	
	MANE	KACT	lassifie	
	ER	E	yc	te.
	SAF	tated	roperl	TION is very important. See instructions on back of certificate.
	ISI	e s	be p	f ce
	TH.	ld !	ay k	ck c
	IK-	hou	t m	pa 1
	Z	E	at i	S OF
	ING	AG	o th	tion
	AD.	ed.	8, 8	truc
	INF	ppli	erm	inst
	H	ns.	in t	See
	VIT	fully	pla	ıt.
	Y, 1	are	H in	rtar
	NI	be c	AT	mpo
	LAI	pla	DE	ry i
	d B	shor	OF	s ve
	SIT	ion	JSE	N N
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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Washington Registration Dist. No. Williamsport Village on City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred_____yrs____mos.____ds. How long In U.S. if of foreign birth?______mos.____ds. Stillbirth - Socks same (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3, SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) male white Dec. 23. 1933 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from $\mathbf{X} \times \mathbf{X} \times$ (or) WIFE of 6. DATE OF BIRTH (month, day, and year) DeC 7. AGE Months If LESS than to have occurred on the date stated above, at ______m_ 1 day, ____ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance Stillbirth or min. Date of onset 8. Trada, profession, or particular kind of work dona, as SPINNER, No Medical attendance NO SAWYER, BOOKKEEPER, etc.____ OCCUPAT 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.... 10. Data deceased last worked at 11, Total time (years) this occupation (month and spent in this occupation. 12. BIRTHPLACE (city or town) Williamspor (State or country) HER George Socks 13, NAME Williamsport 14. BIRTHPLACE (city or town) 4. Name of operation. (State or country) ----- Was thera an autopsy?_ What test confirmed diagnosis?_____ MOTHER 15. MAIDEN NAME 23. If death was dua to extarnal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19 16. BIRTHPLACE (city or town). Williamsport (Stata or country) Where did injury occur?... (Specify city or town, county and State) George Socks Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Williamsport Md (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Plack illiamsport Md Data Dec 24.19.33 Nature of injury Albert Leaf 19. UNDERTAKER occupation of Williamsport (Address) If so, specify (Signed) (Address) Williamsport

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDIT	TONAL SPACE	FOR FURTHER S	TATEMENTS	BY PHYSICIAN	1 - 1	- 1
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
(1)	1910	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

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N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
PE	区	·ly	ate.
V	ited	opei	tific
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K-T	plnou	t may	TION is very important. See instructions on back of certificate.
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STATE OF	MARYL	AND-	CERTIFIC	ATE	OF	DEA	TH
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12581

1. PLACE OF DEATH	112:00
county Washington	Registration Dist. No. 30 2
Village or City \ all way	No. 20 190essner Aue st. Ward
	death occurred in m horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME VV: Vi am K Staley	
2 0	
(a) Residence: No. 20 90 ess yex (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male Vyh. Ye Single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. , I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	Luc 11 1933, to Luc 4 17 , 1933
6. DATE OF BIRTH (month, day, and year) Febru 5- 1918.	Hast saw h Li alive on Lec C 1 - 19.23; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, etm.
15 10 — 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	A
SAWYER, BDDKKEEPER, etc	Nem orrhape from
work was done, es SILK MILL, SAW MILL, BANK, etc.	Micer J Momach
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this occupation (month end spant in this	f
year) - YM 31: -1433 occupation	Diba Carrillator Comment Institution
12. BIRTHPLACE (city or town) \ \ Call Qerstown	Other Contributory Causes of importance:
(State or country)	Enemic
13. NAME VI: 1: am 18. Stoley 14. BIRTHPLACE (city or town) Fyedex: dc	
2 14. BIRTHPLACE (city or town) TY edexick	Name of operation
(State of country)	What test confirmed diagnosis? Was there en autopsy?
I 15. MAIDEN NAME Orayetta Stouter	23. If death was due to external causes (VIDLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Hagerstown	Accident, suicide, or homicide?, 19, 19, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFDRMANT W. S. L. Q.M. 17. S. 1 aley.	Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place XagexsXaum Date Dec 7,1932	Nature of Injury.
TIL COLLOR	24. Was disease or injury in any way related to occupation of deceesed?
19. UNDERTAKER HALL COLLY MAIN (Address) HACK STOWS MIN	If so, specify
20. FILED / 2/5-1933 Chapthooco	(Signed) M. 4. Forelon M.D.
20. FILED Registrar.	(Address) / for gen hown md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenterus	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH	582
1. PLACE OF DEATH	93-2	500
County Washington	Registration Dist, No. 30 2	
Village or City Hage Datour	No. 1031 Corbett St.	Ward
	death occurred in a horpital or institution, give its NAME instead of street and number	
2. FULL NAME Clana . & ODa. S	A sourcing in 0.3.11 of foreign bitting	
(a) Residence: No.	St Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINCLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Tamale 5a. If married, widowed, or divorced	21. DATE OF DEATH Scientify (Day) (1)	3 Year)
HUSBAND of (or) WIFE of David E. Shine	22. Ref. 1" 1933 to Sec. 9"	ed from
6. DATE OF BIRTH (month, day, and year) Nov. 6 - 1858	I last saw her alive on Dec 6" 1933; deat	th is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$300.m.	-
75 / 3 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	olonsat
8. Trade, profession, or particular kind of work done, as SPINNER, Advanced SAWYER, BOOKKEEPER, etc Advanced Leviller	(1) By 1+	
kind of work dona, as SPINNER, Acualum (SAWYER, BOOKKEEPER, etc. Acualum (SAWYER, Etc.	Chance Myocardeles Pa	15/33
SAW MILL, BANK, etc. HLL, Tun Home		
Spant in this		
0011	Other Cantributory Causes of Importance:	1
12. BIRTHPLACE (city or town) 1 Sulvola (State or country) 1220 Va. Co. Md.	unlerco - / Cleroset /	7/33
13. NAME Levi Bakers 14. BIRTHPLACE (city or town) Bakers La	Name of operation Date of	
(Stata or country) Wash. Co. Md.	Whet test confirmed diagnosis? Was there an autopsy	7
15. MAIDEN NAME Barbara Furry 16. BIRTHPLACE (city or town). 12 energy	23. If death was due to external causes (VIOLENCE) fill In also the following:	
5 16. BIRTHPLACE (city or town) Journala	Accident, suicide, or homicide?, Date of injury, I	9
(State or country) Wash Co. Md.	Whera did Injury occur? (Specify city or town, county and State)	
17. INFORMANT (NVS) Russell arnold. (Address) Hagerstown Md. 1001 corbett 57	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Olane Cruk Date Del. 11. 1923	Nature of Injury	
19. UNDERTAKER U- O Dist & Loy	24. Was disease or injury in any way related to occupation of deceased?//	1
(Address) Boonshoo Md.	If so, specify	
20. FILED 1922 (1922) Registrar.	(Signed) (Address) De autern. mi	M. D.

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Date of onset
1 week ago
1 week ago
3 days ago
1 year

PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. properly classified. ARGIN RESERVED FOR BINDING See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. B.—WRITE PLAINLY, WITH TION is very important. V. S. No. 1

1	L PLACE OF DEATH			<u> </u>
	County Washi	ngton.		Registration Dist. No.
	Village or City Hagersto	wh.	(If	ND. 881 Virginia Ave. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	Length of residence in city or town where d	eath occurred	yrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
- 2	2. FULL NAME Leo G.			
	(a) Residence: No. 881 Vi	(Usual place	of abode)	St., Z Ward. If nonresident give city or town and State
-	PERSONAL AND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3.	Female White	5. SINGLE, MAR OR DIVORCE Sin	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH December 13, 193.3. (Month) (Day) (Year)
5a.	. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended deceased from
	DATE OF BIRTH (month, day, and year)	cember	13, 1933/	I last saw h; death is said to have occurred on the date stated above, at 5 P
-	Stillborn	Days	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	Infant.	Child	Million y mu
000	10. Date deceased last worked at this occupation (month and year)	spe	ime (years) nt in this upation	Other Contributory Causes of Importance:
12	2. BIRTHPLACE (city or town) Hager (State or country)	stown		Other Controllery Causes of Importance.
ER.	13. NAME Loe G. Stott	lemyer		
FATHER	14. BIRTHPLACE (city or town) Hage (State or country) Mary	rstown land		Name of operation Date of Whet test confirmed diagnosis? Was there an autopsy?
ER	15. MAIDEN NAME Hazel R	ith Sto	ttler	23. If death was due to external causes (VIOLENCE) fill in elso the following:
MOTHER	16. BIRTHPLACE (city or town). (State or country) Penn	svlvania	a.	Accident, suicide, or homicide?
17	7. INFORMANT Leo G. Stot. (Address) Hagerstown.	tlemver.		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18	8. BURIAL, CREMATION, OR REMOVAL Place	mel 1	<u> </u>	Manner of Injury
19	9. UNDERTAKER Fred W. Kra (Address) Hagerstow		30-e111	24. Wes disease or injury In any wey related to occupation of deceased? If so, specify (Signed) M. I
2	0. FILED / 170 , 19 0 P	cert 110	Registrar.	(Address) At Julia Day

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

state JPA-	STATE OF MARYLAND	CERTIFICATE OF DEATH
sts UP	1. PLACE OF DEATH	(3)
should state	Village or City Hager 3 town	No. 1245 Franklin, St. 4 Ward
	(If	death occurred in a horpital or institution, give its NAME instead of street and number)
ent		ds. How long in U.S. if of foreign birth?yrsmosds.
CI	2. FULL NAME MYS Tyle Grace St	outter.
PHYSICIANS oct statement	(a) Residence: No. 12 + Fig. Tyanking. (Usual place of abode)	St., '4 Ward. If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2	3. SEX 4. COLOR OR RACE OR DIVORCED (wagie the word) The wale word)	21. DATE OF DEATH Dec 25, 193 3 (Month) (Oay) (Year)
X A C T I	5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Bb Boy.	22 Dec. WHEREBY CERTIFY That I attended deceased from 183 to 1933
	6. DATE OF BIRTH (month, day, and year) Flug 4- 1873	I last saw h 91 alive on Duc, 75 , 1937; death is said
erly icat	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1 > 20 m.
stated E properly certificate	6Q 4 /6 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
be of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewixe	7
should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Chronic Myocarolitis
sh t it on	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and yaar) yaar) 11. Total tima (years) spent in this occupation 00 4165.	V
oplied. AGE erms, so that instructions o	Constant of the	Other Contributory Causes of importanca:
d. s, so ructi	12. BIRTHPLACE (city or town) SY XXXX (State or country)	Chronic rephritis 7
supplied n terms, ee instru	# 13. NAMEN; cholas martin.	U
sul in t	14. BIRTHPLACE (city or town) Sylen Castle (State or country)	Name of operation Data of What test confirmed diagnosis? Was there an au'opsy?
full n pl nt.	15. MAIDEN NAME REDECCA Collier	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	15. MAIDEN NAME Persona Collier 16. BIRTHPLACE (city or town) Green Castle (State or country)	Accident, suicide, or homicide?
	17. INFORMANT C. L. Stoutyey (Address) HOORY SHILL WILL	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
S. El .s.	18. BURIAL, CREMATION, OR REMOVAL Just Oate Dec 27, 1933.	Manner of injury
mation s CAUSE TION is	TK C.	Nature of injury
CA	19. UNDERTAKER H. M. COX MAN. M. C.	24. Was disease or injury in any way related to occupation of deceased?
	19-21- 22 /4. the sent	(Signed) M. O. M. O.
	20. FILED 1977 Registrar.	(Address) Hagustown Wal

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforno ment

ARGIN RESERVED FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Bultimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.-The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year
		1	

Dr. Dilla

RESERVED

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEM	IENTS BY	PHYSICIAN
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statement

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See instructions on back

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FOR	I V SI	stated	proper
g	HIS	þe	pe
ERVE	K-T]	plnou	t may
RES	NG IN	AGE 8	that i
ARGIN RESERVED FOR	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A I	mation should be carefully supplied. AGE should be stated	CAUSE OF DEATH in plain terms, so that it may be proper
1	-WRITE PL	mation should	CAUSE OF I

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth? (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE; MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) Jarrie (Month) 5a. If married, widowed, or divorced HUSBAND of HEREBY CERTIFY That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.___ 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation. 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation. Date of. (State or country) What test confirmed diagnosis?. MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of Injury_____ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?.. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLAC 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

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Example I	g. i	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitiul nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

STATE OF MARYLAND-	CERTIFICATE OF DEATH 12587
1. PLACE OF DEATH	[3]
County Washington	Registration Dist. No. 30 2
Village of the 20 agrees to sure.	No. Memon to Hears - Ward
Village of only 2 and a control (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred byrsmos.	ds How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Lacera Lo Tho	rufreis
(a) Residence: No. Memourte, 260	to see Valend
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH 77
Terrale (1) The form of Divorced (while the word)	11ec. Z ,193.3
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
	77 nd 1931, to Dec. 2, 1933
6. DATE OF BIRTH (month, day, and year) May 28 1847	I last saw h. R. T. elive on T. e. C. 2 , 19.33; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at
86 6 4 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Chronic 77740 carditis Date of onset
P kind of work done, as SPINNER, A Now	Chronic Parenchymotous
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10-Date deceased last worked at this occupation (month and this pocunation (month and specific property).	77ephr, tis 19x9
SAW MILL, BANK, etc.	
yeer) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Leceys solows	
(State or country)	
13. NAME Les. Nothorwhere	
14. BIRTHPLACE (city or town) Hapers from	Name of operation 77a 22 Date of
(Stete or country)	What test confirmed diagnosis? Charisal Price Was there an europsy? The
15. MAIDEN NAME Elisabeth	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did injury occur?
711. 3-11.	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT CAST TO A SUB-TRACE ALL	open, makin mjer, course in reportin, in tome, or my obelo rende.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Hages love Date /5 19 33	Nature of injury
le le terre	24. Was disease or injury In any way related to occupation of deceased?
19. UNDERTAKER (Address) (Address)	If so, specify
13-5 22 200	(Signed) Notat Connel M.D.
20. FILED 1 190 D Registrar.	(Address) Hagerstown and
Registrat.	" (neuros)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 8 1934			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

Ge Un Betheps 1-

state

	CERTIFICATE OF DEATH 12588
1. PLACE OF DEATH	(E)-(a)
Village or City Lager Stown	No. VI ash Co Hosp talt, 3 Ward
Length of residence in city or town where death occurredyrsmo	I death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth?
(a) Residence: No. Ha & no. Sonach	aist 5 Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	II nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
There Colored OR DIVORCED (write the word)	/2 2 8 ,193 -7 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
Jerge ma	12-28 ,1933, to 12-28 ,1933
6. DATE OF BIRTH (month, day, and year) Way 3io - 188	I last saw h. ev alive on 12 28 ,19.33; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at _ 5 m.
	The PRINCIPAL CAUSE OF DEATH and related causes of importance were a follows:
8. Trade, profession, or particular kind of work dona, as SPINNER; SAWYER, BOOKKEPPER, etc.	
Industry or business in which work was dona, as SILK MILL.	Gre braw stemmontoge try
SAW MILL, BANK, etc 10. Date daceased last worked at II. Total time (years)	
this occupation (month and 1433 spent in this occupation occupation)	
12. BIRTHPLACE (city or town) Winches Key (State or country)	Other Contributory Causes of importance:
II I3. NAME	
14. BIRTHPLACE (city or town) William Checker	Name of operation Date of
(State or country)	What test confirmed diagnosis?
# 15. MAIDEN NAMELO VINICA Situson	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME LO SINI CONTROL ON THE STATE OF THE STATE	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Clover TT - Haypey (Addrass)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
PlaceX 2 98 45 The West Date Dec 30, 19 33	Manner of injury
19. UNDERTAKER H. C.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 12-30-1933 6 Kasfr dower. Registrar.	(Signed) G. J. Baurne Jal M. D. (Address) 2 Beefel et Rogerton In

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		1001 0 0 0	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	R FURTHER STATEME	NTS BY PIIYSICIAN	
		,	
	ì		
	ADDITIONAL SPACE FOR	ADDITIONAL SPACE FOR FURTHER STATEME	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

See instructions on back of certificate.

TION is very important.

(Address)

20. FILED

V. S. No. 1

N. B.-

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	12583
County Washington	Registration Dist. No. 302
Village or City Hager town	ND. 9 45 Ruse Hill gare St. 3 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if ol loreign birth?yrsds.
2. FULL NAME Fred M. Wolfinge	v
(a) Residence: No. 9 45 Rose Hill are	- St., 3 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (zwrite the word)	21. DATE OF DEATH
Make While Married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. A LHEREBY CERTIFY That Lattended deceased from
(or) WIFE of Viola Wolfinger	22. DEC 22 1233 . Acc. 22
6. DATE OF BIRTH (month, day, and year) Aug. 24-1873	Hast saw hair alive on Acc 27 1953 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days 11 LESS than	to have occurred on the date stated above, at 2 30 Am.
40 3 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
kind of work done, as SPINNER. SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date deceased last worked at 11. Total time (pairs) 11. Total time (pairs)	Lagronaus Relusion 16, 12
9. Industry or business in which work was done, as SILK MILL,	(Thranbonio) 1935
SAW MILL, BANK, etc. Clary Mageratown	(Sick (hr.)
- I Spailt III tills	
year) Dec 193 occupation e mo	Dther Coutributory Causes of importance;
12. BIRTHPLACE (city or town) Lew Caroling Line a	
(State or country) Ind.	
14. BIRTHPLACE (city or town) Chewsulle	
14. BIRTHPLACE (city or town) Chewsville	Name of operation
(State of Country)	What test confirmed diagnosis?
16. BIRTHPLACE (city or town) Unknown	23. If death was due to external causes (VIOL ENCE) fill in also the Iollowing:
5 16. BIRTHPLACE (city or town) Unknown	Accident, suicide, or homicide?, Date of injury, 19
(State or country) Md.	Where did injury occur?
17. INFORMANT Ins Viola Wolfinger	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Agestown Md.	
18, BURIAL, CREMATION, OROREMOVAL	Manner of Injury
Place trigentown Md. Date Dec 24, 1933	Nature ol injury
19. UNDERTAKER Scott t. Munich 4 Son	24. Was disease or injury in any way related to occupation of deceased?

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Registrar.

II so, specify

(Signed)

(Address)

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Example I	11	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year